



LEARN WHERE YOU WORK GRANT

Please provide the information requested below.

NOTE: Students eligible for Learn Where You Work are not eligible for the Good Neighbor Scholarship.

Applicant Information:

Name: SU ID:

Address:

County: State of Residency:

Home Number: Work Number:

Email:

Employment Information:

School:

District:

Address:

School Supervisor:

Email: Phone:

Teaching Assignments for the School Year:

| Subject Areas | Grades |
|---------------|--------|
| | |
| | |
| | |
| | |

Type of teaching certificate currently held:

Areas of Certification: Grade Level:

Course Information:

Course(s) to which grant applies:

Term: Summer Fall Winter Spring Year:

Complete the following if you are currently enrolled in a Salisbury University Masters program:

Program of Study:

Graduate Program Advisor:

If you are not currently enrolled in a Masters program, explain the relevance of the course to your professional development:

Applicant Signature:

Date:

Supervisor Signature:

Date:

For Administrative Use Only:

Signature of Chair:

Date:

Signature of Academic Dean:

Date:

Signature of Dean, Graduate School:

Date:

Project Code: 160005

Please forward signed forms to the Director of Accounts Receivable.

Approved Waiver Amount: