



**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:

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For Administrative Use Only:

Signature of Chair:

Date:

Signature of Academic Dean:

Date:

Signature of Dean of Graduate Studies:

Date:

Signature of Provost:

Date:

Project Code: 160005

Please forward signed forms to the Director of Accounts Receivable.

Approved Waiver Amount: