

**Application for LIBRAS Professional Development Grant**

**Name:**

**Date:**

**Address (for reimbursement):**

\_\_\_\_\_

**LIBRAS Institution:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_

**Telephone Number:**

\_\_\_\_\_

**Type of Program:**

**LTA**

**Masters**

**Doctoral**

**Name of school you are entering:**

\_\_\_\_\_

**Date of Entrance:**

\_\_\_\_\_

**Anticipated Date of Graduation:**

\_\_\_\_\_

**Date accepted by the above institution:**

\_\_\_\_\_

**Are you presently enrolled? If yes, attach documentation.**

**Yes**

**No**

**Schools Attended**

**High School:**

\_\_\_\_\_

**Graduation Date:**

\_\_\_\_\_

**Colleges:**

**Name of College**

**Location**

**Dates Attended**

**Degree(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* A copy of all college or university transcripts must be submitted to LIBRAS by August 15 of the membership year.**

**College Extracurricular Activities (include any offices held):**

\_\_\_\_\_  
\_\_\_\_\_

