

S D S E A - VANCE MILLS  
EDUCATOR SCHOLARSHIP FUND  
GENERAL CATEGORY APPLICATION

Personal information

Work information

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State & Zip \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Date of application \_\_\_\_\_ Date funds needed \_\_\_\_\_

Amount requested (not to exceed \$250) \_\_\_\_\_

How do you intend to use the grant funds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the total cost of the proposed activity \_\_\_\_\_

What other sources of funding (if any) will you utilize to accomplish your goal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what ways will this grant advance your professional growth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you be willing to disseminate information about your activity/gains to the SDSEA membership? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to: SDSEA, c/o Chuck Abel, 1221 Emerald Ave. El Cajon, CA. 92020