**Educational Grant Application**

**School Year 2022-2023**

Please complete the following information and submit your application to Ms. Jill McCaffery jgretsky@archphila.org

Last name, first name, middle initial

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| --- |
| Click here to enter text. |

Home Address

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| --- |
| Click here to enter text. |

Phone

|  |
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| Click here to enter text |

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2022-2023 School where Assigned

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| --- |
| Click here to enter text. |

System Seniority (number of years)

|  |
| --- |
| Click here to enter text. |

Degree or Program for which you seek an Educational Grant

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| --- |
| Click here to enter text. |

College/University

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| --- |
| Click here to enter text. |

Course Title

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| --- |
| Click here to enter text. |

Start Date

|  |
| --- |
| Click here to enter text |

End Date

|  |
| --- |
| Click here to enter text. |

Tuition Cost Per Course

|  |
| --- |
| Click here to enter text. |

Course Title

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| --- |
| Click here to enter text |

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Start Date

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| Click here to enter text |

End Date

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| Click here to enter text. |

Tuition Cost Per Course

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| Click here to enter text. |

If the application is for the Praxis Exams, indicate which Praxis Exam(s)

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| Click here to enter text. |

If the application is for the Praxis Exams, indicate your Pennsylvania Instructional Certificate Type and Date Issued

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| Click here to enter text |

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