

**MASSACHUSETTS COALITION FOR ADULT EDUCATION
JESSIE CANTOR MEMORIAL SCHOLARSHIP APPLICATION**

(Please print or type)

I. PERSONAL INFORMATION

Name _____
Last First M.I.

Address _____
Street

City State Zip

Telephone () _____ E-Mail _____

Currently MCAE member? _____ Years of membership: _____

Social Security Number _____ US Citizen? (circle one) Y N

If not a citizen, please indicate status _____

II. EDUCATIONAL STATUS.

Highest degree completed and where: _____

Currently attending: (name of institution) _____ Status: _____

List schools beginning with most recent and ending with high school:

III. EMPLOYMENT

Current Job Title _____

Place of Business _____

Address _____
Street City State Zip

Supervisor _____

Telephone () _____ E-Mail _____

IV. PROFESSIONAL AND COMMUNITY SERVICE.

List school, community, and/or association involvement and activities, including dates of participation:

V. INTENDED USE OF SCHOLARSHIP.

What is the intended use of the scholarship? (Provide specifics, including name, address, phone of institution or organization, – use separate sheet if necessary).

VI. TOTAL AMOUNT OF FUNDING REQUESTED? _____

What is the total cost of the planned enrollment? _____

Do you anticipate being reimbursed for any expense from another source? (circle one) Y N
If yes, will the total amount reimbursed by other sources plus the amount you are requesting from MCAE be greater than the total cost of the professional development? (circle one) Y N

All information submitted is true and accurate. I authorize the Massachusetts Coalition for Adult Education Scholarship Committee to verify the information contained in this application packet.	
_____	_____
Signature of Applicant	Date
Note: Applicants may be asked to provide additional information and/or interview with the Scholarship Committee.	
I agree to allow the Massachusetts Coalition for Adult Education to publicize the award.	
_____	_____
Signature of Applicant	Date