

APPLICATION
BISHOP HOSEA EDUCATION FUND
(Confidential)

Name: _____

Address: _____

Phone: _____ Congregation: _____

Present Occupation/Position: _____

Work Address: _____

How long in this position? _____ Work phone: _____

Education Background: Level completed/where/date/degree:

	Year	Degree Awarded
High School		
College		
Graduate		
Post Graduate		

Name of program/school for which funds are needed:

Give brief description of program (attach relevant brochures or description material):

What is your purpose in attending? _____

Proposed length of study: _____

Amount of funding requested::: _____ Date needed: _____

Are you the chief wage earner for your family? Yes -or- No

Do you have dependents? Yes -or- No If so, how many? _____

Please attach or have sent two letters of recommendation concerning your request.

As a recipient of this grant, you are asked to file a brief written report of your work to the committee at the completion of your course of study.

Please forward this completed application to
Mrs. Lisa Edwards, 22 Greenbriar Avenue, Ft. Mitchell, KY 41017 by May 1, 2017