National League of American Pen Women, Inc. ---Since 1897---1300 – Seventeenth Street, NW Washington, DC 20036

SHIRLEY HOLDEN HELBERG GRANTS FOR MATURE WOMEN

Applicants must be 35 years of age or older by calendar year 2017, and have never been a member of the National League of American Pen Women, Inc., nor be a member of the immediate family of an NLAPW member. An application fee of \$35.00, payable to NLAPW, Inc., must accompany each application. The check's memo line should be annotated: <u>Mature Women Grant 2018</u>. Applications must be postmarked no later than October 31, 2017. Complete details for submitting an application are at the NLAPW.org web site.

Grant award amounts are: Art--\$1,000 Letters--\$1,000 Music--\$1,000

Applicant Full Name:			
Address:			
City:	State:	Zip Code:	
Phone Number: ()	Cell Phone Number: ()		
Date of birth:	(month, day, year)		
Indicate educational backgroun	d:		
Are you currently enrolled in an	educational institutio	n? YesNo	
If yes, state the institution and	your degree goal:		
List any honors or awards you l	nave received in your	media of application:	
Are you, or have you been, em	ployed in your field of	interest? Yes No	

If employed, indicate name of employer and its purpose: _____

State your community involvement (current or past): ______

Attach a summary (not to exceed two pages) of your creative purpose for using this grant, and how you will use these funds to assist in this process.

Attach two (2) letters of recommendation stating why others feel you would be deserving of this grant.

I am not, nor ever have been, a member of NLAPW, Inc., and am not a member of the immediate family of an NLAPW member. ______ (initial)

I have included my application criteria according to the guidelines outlined herein and on the NLAPW.org web site. _____ (initial)

I have enclosed my check for the application fee. _____ (initial)

I understand that if I am awarded this grant it must be completed by April 30, 2019, and a follow-up report provided to the appropriate chair by May 15, 2019, to include a financial accounting on how the funding was spent. If an unexpected cost arose please provide an explanation of that cost.

Signature of applicant: _____

Print name: _____

Date: _____

Send Application and supporting materials to the appropriate National Chair:

National Art Chair	National Letters Chair	National Music Chair
Rosie Eylens	Dr. Evelyn Bethune	Dr. M.J. (Sunny) Zank
773 Quartz Mountain Rd	PO Box 2008	202 E. Montford Ave.
Larkspur, CO 80119	Daytona Beach, FL 32115	Ada, OH 45810