



Leroy Holloway Professional Development Scholarship

DATE: _____

Applicant Information

Full Name

First M.I. Last

School District

District Address

Street Apt. Number

City State Zip Code

Work Phone

() - _____ Work Phone () - _____

District Position

Assurances

OKASBO Membership Status

Current Member

Not a Current Member

Continuous Membership

of Years: _____

Previous Attendance of ASBO
International Conference

I have attended ASBOi

I have Not attended ASBOi

I agree to write a reflection of my experience and knowledge gained
during the conference.

Please Initial: _____

This grant pays for room, transportation, registration and dues
(if needed). Other additional personal expenses will be paid by my
school district or by me.

Please Initial: _____

Narrative

Attach a one-page narrative stating why you should receive the Leroy Holloway Professional Development Grant and what you will do with the knowledge gained by attending the conference

Applicate Signature _____

Superintendent Signature _____

Submit Application To:

OKASBO

Attn: PD Committee Chairperson

PO Box 241, Wellston, OK 74881

Application Due Date: June 30