



# Leroy Holloway Professional Development Scholarship

DATE: \_\_\_\_\_

The OKASBO Board of Directors is again offering the Leroy Holloway Professional Development Grant. This grant is for an OKASBO member who has never attended the ASBO International Conference. The grant pays for room, transportation, registration, meal per diem and dues (if needed) for the recipient to use to attend the International conference. The recipient will be selected by the OKASBO Professional Development Committee and recommended to the Board of Directors for final approval.

## Applicant Information

**Full Name** \_\_\_\_\_  
 First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

**School District** \_\_\_\_\_

**District Address** \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Work Phone** ( ) - \_\_\_\_\_ **Cell 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 32364, Edmond, OK 73003

**Application Due Date: June 30th**