



UNIVERSAL COVER SHEET

AWARD NOMINATIONS SCHOLARSHIP & GRANT APPLICATIONS

THIS COVER SHEET ALONE IS NOT SUFFICIENT FOR ANY AWARD, SCHOLARSHIP OR GRANT.

Download the requirements sheet for the specific scholarship, grant, or award from www.pilambda.org or phone 800-487-3411. Be sure the nomination/application package includes all supporting documentation specified in the requirements sheet, and that it reaches Pi Lambda Theta by the applicable deadline.

Send nomination/application by ① U.S. mail: PO Box 6626, Bloomington, IN 47407;
② UPS/Fed Ex: 4101 E Third St, Bloomington, IN 47401; ③ email: pamtodd@pilambda.org

Check **ONE** box below. Then complete part 1 **AND** part 2, 3, or 4 as indicated.

<p>Awards <i>(Complete parts 1 and 4)</i> Non-members are eligible for awards marked with a ☺.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anna Tracey Memorial Award <input type="checkbox"/> Distinguished Pi Lambda Thetan Award ☺ <input type="checkbox"/> Distinguished Student Scholar Award <input type="checkbox"/> Ella Victoria Dobbs Award ☺ <input type="checkbox"/> Excellence in Education Award ☺ <input type="checkbox"/> Graduate Student Scholar Award ☺ <input type="checkbox"/> Frances M. Beck Reading Award ☺ <input type="checkbox"/> Janyce Yoshizawa Classroom Teaching Award <input type="checkbox"/> Lillian and Henry Barry Award <input type="checkbox"/> Scepter and Key Award <input type="checkbox"/> Outstanding Faculty Adviser Award ☺ <input type="checkbox"/> Thelma Jean Brown Classroom Teacher Award 	<p>Scholarships <i>(Complete parts 1 and 2)</i> Non-members are eligible for scholarships marked with a ☺.</p> <ul style="list-style-type: none"> ☺ <input type="checkbox"/> Nadeen Burkeholder Williams Scholarship <input type="checkbox"/> Student Support Scholarship ☺ <input type="checkbox"/> Tobin Sorenson Scholarship <p>Research Grants <i>(Complete parts 1 and 3)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> PLT Research Grant <p>Leadership Grants <i>(Complete parts 1 and 3)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Georgia Sachs Adams Leadership Grant
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Part 1: Nominee/Applicant Information (Required)		Chapter (if any) _____
Name _____	Member Number _____	
Address _____	Home Phone (____) _____	
City _____ State _____ Zip _____	Work Phone (____) _____	
E-mail _____	Fax (____) _____	

Part 2: (Required for scholarship applications)	Cumulative GPA /4.0 _____
Intended use of scholarship: College/University _____	
Degree Sought _____ Major _____	Will be enrolled (Check one): <input type="checkbox"/> full-time <input type="checkbox"/> part-time

Part 3: (Required for grant applications)	
Proposal Title _____	Amount requested \$ _____
Check one box:	<input type="checkbox"/> Action research <input type="checkbox"/> Master's thesis <input type="checkbox"/> Dissertation <input type="checkbox"/> Faculty research <input type="checkbox"/> Conference attendance
_____ (Initials required) I agree that if I receive a research grant, I will repay the full amount received if I fail to complete the study within the stated time frame.	

Part 4: (If independent nominator is required for an award nomination)		
Nominator _____	E-mail _____	Phone (____) _____