



Geological Society of New Hampshire  
Unit #7, PMB #133  
75 South Main St.  
Concord, NH 03301

## Lincoln R. Page Professional Development Grant

Please answer appropriate sections.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Preferred home, school or work phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**School teaching at or attending or place of business:**  
\_\_\_\_\_

**School or company address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Subject taught or course(s) of study:** \_\_\_\_\_

**Conference or workshop attended:** \_\_\_\_\_

**Location of conference or workshop:** \_\_\_\_\_

**Date(s) of attendance:** \_\_\_\_\_

**Registration fee/amount:** \_\_\_\_\_

**Travel expenses/amount:** \_\_\_\_\_

**Short statement of how this grant will benefit you or your earth science students:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain how this grant would meet the stated purpose and mission of the GSNH?**

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**Have you (or your school) received a grant from the GSNH within the past 5 years? If so, when (year) and for what was the grant money used? \_\_\_\_\_**

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**Would you be willing to share your educational/professional experience with the GSNH at one of its quarterly meetings? We meet once each season (October, January, and April) and have a field trip each summer. You could make the short presentation or even lead us on a field trip! \_\_\_\_\_**

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**Please mail this application and attach a letter of endorsement on school or company letterhead from your principal or department head, faculty advisor or employer to:**

**The Geological Society of New Hampshire  
Lincoln R. Page Professional Development Request  
Unit #7, PMB #133  
75 South Main St.  
Concord, NH 03301**

**I understand that monies awarded for this grant are reimbursed funds.** You will be notified by the GSNH in a timely manner whether your application has been accepted or denied. Successful applicants can then submit an official, well documented receipt to the GSNH for materials or services for which he or she applied. The GSNH will promptly reimburse the applicant for the amount up to, but not to exceed, the amount of the original application.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Applicant