



Geological Society of New Hampshire  
P.O. Box 401  
Concord, NH 03302

## Lincoln R. Page Professional Development Grant

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

**Home address:** \_\_\_\_\_  
\_\_\_\_\_

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

**Preferred home, school or work E-mail address:** \_\_\_\_\_

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

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

**School address:** \_\_\_\_\_  
\_\_\_\_\_

**Subject / grade(s) taught or course(s) of study (as related to grant request):**  
\_\_\_\_\_

**Conference, workshop or course you plan to attend:**  
\_\_\_\_\_

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

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

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

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

**Short statement of how this grant will benefit you and/or your Earth Science students:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain how this grant would meet the stated purpose and mission of the GSNH?**  
See : <http://www.gsnhonline.org/about/about.shtml>

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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 project with the GSNH at one of our quarterly meetings? We meet once each season (October, January, and April) and have a field trip each summer. You and/or your students could make a 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 school's principal or department head, faculty advisor or employer to:**

**The Geological Society of New Hampshire  
Lincoln R. Page Professional Development Request  
P.O. Box 401  
Concord, NH 03302-3483**

**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 must then submit an official, well documented receipt to the GSNH showing payment for and receipt of 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 grant application.

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