

# TNTESOL GUNDI RESSIN AWARD APPLICATION

(Applicant must be a member of TNTESOL)

NAME \_\_\_\_\_

SCHOOL/UNIVERSITY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL \_\_\_\_\_

Please choose the description that best applies to you:

- Graduate student       PreK-12       Higher Education       Other

Name of Event/Conference/Activity \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Presentation/Paper (if applicable) \_\_\_\_\_

Amount Requested \_\_\_\_\_ (Maximum is \$400.)

Briefly explain justification for your request. (Use additional page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit completed form to the 1<sup>st</sup> Vice President of TNTESOL *at least one month before award is to be granted*. Applicant must agree to submit an article for publication in the TNTESOL Newsletter upon receipt of award.

Signature \_\_\_\_\_