



PROGRAM FOR
CONTINUING EDUCATION

P.E.O. Program for Continuing Education Information Form – Potential PCE Grant Candidate Seeking Chapter Sponsorship

Complete this form in its entirety and return it as an attachment to the following email address:
pce@peodsm.org.

Incomplete forms and/or non-specific information will not be considered for forwarding as outlined in the paragraph below.

All eligibility requirements must be confirmed before this form can be forwarded to the PCE chairman in the state/province/district in which you reside. The chairman will attempt to locate a P.E.O. chapter in your area willing to contact you for possible sponsorship; however, **forwarding your information does not guarantee sponsorship for a grant**. If you are contacted by a P.E.O. chapter, eligibility must be reconfirmed. A pro vote by the chapter members is necessary before the application process can begin.

As a reminder:

- Chapter membership information will not be provided to interested candidates.
- Applicants must be living in the U.S or Canada for the entire course of study.
- Grants are NOT awarded to those in need of further education beyond the program for which the grant will be used before seeking employment.
- If a P.E.O. member has not initiated contact within four weeks, it is unlikely a sponsoring chapter was located.

Name: _____ Phone: (____) ____ - ____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Email: _____

1. I confirm that I am a citizen/legal permanent resident of the United States Canada

2. I confirm I am/will be studying and living in the United States Canada

3. I confirm I am not enrolled in a doctoral degree program. Yes

4. I am enrolled or accepted at: _____

City: _____ St/Prov: _____

Country: United States Canada

5. Start date of the term or semester I would use this grant: ____ / ____ / ____ (mm/dd/yyyy)

6. I was a non student from ____ / ____ (mm/yyyy) to ____ / ____ (mm/yyyy)

7. I will complete the educational program that will give me the marketable skill I am seeking
on _____ (month/year)

8. My educational goal is (degree and field of study):

9. I confirm I have no plans for immediate continuation of my education beyond the current program for which
the grant is requested. Yes

10. In 300 words or less, specifically describe why you need to continue your education at this time.

11. In 150 words or less, state your employment goals upon the completion of the educational program in which you are currently enrolled and/or accepted.