



# COUNCIL OF SOCIAL AGENCIES, INC.

## THE KELLY GARTLEY MEMORIAL SCHOLARSHIP APPLICATION



Applicant must be a **Current** and **Active** COSA member

Kelly Gartley was an active member of COSA for many years with energy and passion for making a difference in the human services community. In honor of her memory, this annual professional development scholarship is awarded in her name. [www.cosaslc.org](http://www.cosaslc.org)

- Submit application with backup documents: [info@cosaslc.org](mailto:info@cosaslc.org) OR P.O. Box 2356, Fort Pierce, FL 34954

<b>Applicant</b>	<b>Name, Title:</b> <b>Address:</b> <b>City, State, Zip:</b> <b>Phone:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <b>Hire Date:</b> _____
<b>Member Organization</b>	<b>Director Name, Title:</b> <b>Address:</b> <b>City, State, Zip:</b> <b>Phone:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>Current Education</b>	<b>High School (Check appropriate box):</b> 1    2    3    4 <b>Graduated</b> <b>Vocational:</b> _____ <b>Graduated</b> <b>College (Check appropriate box):</b> 1    2    3    4 <b>Graduated</b> <b>Major:</b> _____ <b>Minor:</b> _____ <b>Graduate School:    Masters                    Ph.D.                    Other:</b> <b>Area of Study:</b> _____
<b>Health &amp; Human Services Professional Development</b>  Attach 2 letters of reference and info on the program.	<b>Program/class/seminar to be funded:</b> <b>Name of Hosting Entity:</b> <b>Indicate the goal of the training and how it will forward your professional development:</b>

I certify that the above information is true, accurate and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_