

GBHEM ECE SUPPORT

HISPANIC COURSE OF STUDY TRAVEL FUND APPLICATION

**Please allow time to complete application process
before your COS registration deadline.**

Instructions to student: Please fill out the top portion and sign. Then scan the full document and email it to the regional director of the ECE COS school you will be attending

Name of Student _____

Address _____

Telephone (H) _____ (W) _____ (C) _____

E-mail Address _____

Student's Signature _____ Date _____

Instructions to COS director: Please fill out the portion below, sign, and scan the full document and send to Lynn Daye at GBHEM (ldaye@gbhem.org)

Name of Course of Study Director _____

Course of Study Location and Date _____

COS Director's Recommendation: () Recommend () Do not Recommend

Director's Signature _____ Date _____

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Do not write in this section. Office use only.

Reviewed by GBHEM Course of Study Staff

Amount Recommended _____

Signature _____ Date _____