

**Dr. Grady and Mary Roberts
Graduate Student
Writing Award
Application**

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Graduate Enrollment Period _____ Graduation Date _____
From To

Current Address _____

City State Zip

Permanent Address (or address after June 1, 2009)

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Home Phone # _____ Cell Phone # _____

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By my signature below, I affirm the attached to be my original work and give permission for this submission to be printed or otherwise distributed by PCPA through its newsletter, journal, web page or other appropriate means.

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**Submit two copies of the paper and this application, postmarked by June 1st to:
Dr. Linda Hall, 206 Stouffer Hall, IUP, Indiana, PA 15705**