

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

Name _____ Degree Sought _____

Email Address _____

Graduate Institution _____

Graduate Enrollment Period _____ Graduation Date _____
From To

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City State Zip

Permanent Address (or address after June 15, 2012)

City State Zip

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 15th to:
Dr. Linda Hall, 206 Stouffer Hall, IUP, Indiana, PA 15705