



**St. Margaret's Episcopal School
Formal Study Grant Application
for Degree Programs**

Name: _____ Department: _____

Educational Program: _____ Institution: _____

Applied to Degree in Process: Yes: No: Type of Degree: _____

Please attach a brief description of the project, program or course for which you are requesting this grant.

Grant Estimate:

Fee/Tuition: \$ _____

Note: Books are not a reimbursable expense.

**SMES will pay 50% of
tuition & fees up to
\$5250 / Calendar Year.**

Principal Signature: _____ **Date:** _____

Headmaster ONLY: Disapproved Approved: **Grant Amount Approved: \$** _____

Headmaster Signature: _____ **Date:** _____

Disbursement of Grant Funds: List the Grant amount to be distributed to the institution as well as the amount to be distributed as a reimbursable employee cost, if any.

Amount Paid to Institution: \$ _____

Payable to: _____

Address: _____

City/State/Zip: _____

Mail Check Hold Check

Amount Paid to Grantee: \$ _____

Payable to: _____

Address: _____

City/State/Zip: _____

Mail Check Hold Check

Account Number: 01-5420-725 Professional Growth & Faculty Enrichment-General Instructional