



**CENTRAL ARKANSAS LOCAL SECTION**  
**Application for Secondary Teacher Travel Grant**



Date\_\_\_\_\_

Name\_\_\_\_\_

Institution\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Phone\_\_\_\_\_

List courses taught\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACS-sponsored meeting attended\_\_\_\_\_

\_\_\_\_\_

Briefly describe the resources obtained at the meeting\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature\_\_\_\_\_

**NOTE:** These professional development, travel funds, in the amount of \$100, will be made available upon the teacher's return from the meeting. Along with this form, please submit a copy of the receipt for the meeting registration fees for verification. Applications should be postmarked by August 31, 2000.

Mail to: Dr. Derek R. McDowell  
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