

**OHIO STATE CHAPTER, P.E.O. SISTERHOOD  
COTTEY CARE AND TRAVEL FUND**

**TRAVEL ASSISTANCE APPLICATION  
2021-2022**

*Please complete the following application for travel reimbursement and mail to:*

**Kathy Calabrese, Cottey Committee  
2637 Prestwick Village Circle  
Springfield, OH 45503**

Date \_\_\_\_\_

Sponsoring P.E.O. Chapter \_\_\_\_\_ Chapter Location \_\_\_\_\_

Chapter Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Student's Name \_\_\_\_\_

Address/City/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address/City/Zip Code \_\_\_\_\_

Name of Chaperone \_\_\_\_\_

Name and Address of Chaperone to be reimbursed \_\_\_\_\_

Date(s) of Cottey College visit \_\_\_\_\_

Reason for visit:

- "C" for Yourself Weekend     Summer program     Cottey Transfer Weekend  
 Cottey Comet Friday     Honors Scholarship Weekend     Independent Visit

Transportation by     plane     car     bus

Total cost (Attach original receipts, ticket copy, Cottey itinerary or MapQuest directions) \$ \_\_\_\_\_

Please share how you became interested in Cottey College \_\_\_\_\_

.....  
OSC USE:

Approval, Ohio Cottey Committee \_\_\_\_\_ Date \_\_\_\_\_

Treasurer: Date application received \_\_\_\_\_ Award Amount \_\_\_\_\_

Date approved OSC \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_