

WILLIAM R. DICKSON RETIREE EDUCATION FUND GRANT

APPLICATION

Name: _____

Address: _____

Telephone number/Email: _____

Date of retirement: _____

Name and address of the educational institution you plan to attend:

Cost of Course: _____

Course or Program Information

Identify the course you have chosen including its description, times and dates it meets and any other related information. Please attach relevant published materials of the course description.

Retiree's signature and date

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

