



"STORIES OF OUR GRANDMOTHERS"
A History Research Writing Competition
APPLICATION FORM

(please complete and return to the Women's History Museum)

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

SCHOOL: _____

GRADE: _____

TEACHER'S NAME: _____

CLASS: _____

To be completed by museum staff:

SUBJECT OF RESEARCH _____

DATE OF ASSIGNMENT _____

DATE SUBMITTED _____

RESULTS: Selected Not selected

STUDENT NOTIFIED ON: _____