Woodworkers of Central New York Train the Trainer Scholarship Program – Application Form



Please Complete the Following – Make Sure all Type is Legible

Авоит You:				
First Name	Last Name		Contact Phone #	
Mailing Address		City	State	
	Email Address			
COURSE & SCHOOL INFORMATION:				
Course Nam		Course Pagin Data	Carrier End Data	
Course Nam	16	Course Begin Date	Course End Date	
Course D ₁	escription – Be sure to fully describe deta	 ails of the course		
Cabaal Name / Uniteresting Name				
	School Name / Instructor Name			
Scho	ool Address & Phone Number – <i>Include f</i>	ull address		
EXPENSES:				
	Tuition Cost (\$)			
	Tultion Cost (7)			
Lodging Cost (S	\$) – Include detail such as cost per night	and number of nights		

Travel Cost (\$) – Identify how you will travel & all costs

Tow will this course emiliance you	- woodworking skiiis	and knowledge? Be as specific as p	, , , , , , , , , , , , , , , , , , ,
chosen topic. Upon completion of this o	course, you will be require up meetings as well as con	Ib so that we have a <u>subject matter exper</u> ed to schedule and conduct a demonstrated aduct a workshop for members on the toping the course and what you learned.	ion on the
raining, classes or instruction of any kir ncurred by the individual(s) traveling to ravel assistance is not intended to prov	nd. Travel assistance, whe o, and participating in, the vide, nor should it be inter ravel arrangements shall l	ividual(s) approved to attend the requeston approved, is to offset some of the expentation of any kindependent, classes or instruction of any kindependent as, sufficient enough funds to covide be provided if requested by The Board of	nses d. The er all
By submitting this application, you agree	e to this requirement.		
	_		
Applicant Signatu	re	Date of Submission	
Review by Board of Directors Date:			
Comments/Discussion:			
Status:[A	pproved for? Year? / Hold	d for Future / etc.]	
Relevant Dates:			

Scheduled Demo/Workshop

Newsletter Article

Member Notified