

# **Brush y Canyons Chapter**

## **Texas Master Naturalist Program**

### **Advanced Training Scholarship Request Form**

**Date of Application:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

#### **1. Training Information**

- Name of Advanced Training Program: \_\_\_\_\_
- Location / Provider: \_\_\_\_\_
- Dates of Training: \_\_\_\_\_
- Tuition / Fees: \$ \_\_\_\_\_
- Tuition/Fee Deadline: \_\_\_\_\_
- Amount of Scholarship Requested (partial tuition only): \$ \_\_\_\_\_

#### **2. Eligibility Confirmation**

Please check all that apply:

I am a current Certified Texas Master Naturalist.  
 I have maintained certification for the last two consecutive years.  
 I am current on my chapter dues.  
 I have participated in chapter meetings.

If checked, how many meetings have you attended in the last two years? \_\_\_\_\_

#### **3. Statement of Need**

Briefly explain your financial need and why you are requesting assistance.

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#### **4. Benefit to the Chapter**

How will this advanced training benefit your volunteer service and the chapter?

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## 5. Presentation Commitment

Recipients are required to share their learning with the chapter. Please describe how you plan to present what you learn (e.g., chapter meeting presentation, workshop, field demonstration).

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## 6. Other Support

Are you receiving or applying for assistance from another source for this training?

- Yes
- No

If yes, please explain:

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## Applicant Signature

I certify that the information provided is true and complete. I understand that financial aid may only cover part of the tuition cost and that, if awarded, I am required to share what I learn with the chapter.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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## Internal Use Only – Finance Committee Notes

Date Reviewed: \_\_\_ / \_\_\_ / \_\_\_\_\_

Committee Member(s): \_\_\_\_\_

Approved: [ ] Yes [ ] No [ ] Partial Amount \$ \_\_\_\_\_

Notes: