Brush y Canyons Chapter

Texas Master Naturalist Program

Initial Training Scholarship Request Form

Date of Application: _____

Applicant Name: _____
Email: _____
Phone Number: _____
Mailing Address: _____

Amount of Assistance Requested: $_____

Brief Statement of Need:
Please describe your financial need and why you are requesting assistance for the Texas Master Naturalist initial training class.
(You may attach a separate page if needed.)

Other Support:
Are you receiving or applying for assistance from any other source for this training?
☐ Yes
☐ No
If yes, please explain:

Volunteer Commitment:
This program relies on dedicated volunteers. Please share how you plan to participate after completing training. (E.g., areas of interest, skills to offer, time availability.)

Optional Demographics (to help us understand community representation):

- Age Range:
  [ ] 18–25 [ ] 26–40 [ ] 41–60 [ ] 61+

Signature:

I understand that financial assistance is limited and not guaranteed. If awarded, I commit to completing the training and volunteering with the chapter.

Applicant Signature: _____ **Date**: ___ / ___ / _____

Internal Use Only – Finance Committee Notes

Date Reviewed: ___ / ___ / _____
Committee Member(s): _____
Approved: [ ] Yes [ ] No [ ] Partial Amount $_____
Notes: