



# PROFESSIONAL IMPROVEMENT SCHOLARSHIP

Application Form  
(Please type or print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (work) (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_

District \_\_\_\_\_ County \_\_\_\_\_

Years in Extension \_\_\_\_\_ Date of employment with Extension \_\_\_\_\_

Applying as: (circle one) - Individual or Group - *If a group, attach a list of all agents participating*

Type of Degree \_\_\_\_\_ Field \_\_\_\_\_

State the cost, description and location of the professional improvement activity.

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In the space provided, explain how this professional improvement activity is relevant to your county and/or district and what commodities are to be addressed.

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**DEADLINE: Due to Scholarship Committee Chairman by March 15th**