

# IDAHO DISTRICT EMPLOYEES ASSOCIATION

## Professional Growth Scholarship Application

District Employee Name: \_\_\_\_\_

Conservation District: \_\_\_\_\_

District Mailing Address: \_\_\_\_\_

\_\_\_\_\_

District Telephone Number: \_\_\_\_\_

District E-Mail Address: \_\_\_\_\_

Briefly describe how this Class or Workshop will benefit your professional development as a Conservation District employee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Class or Workshop \_\_\_\_\_

Location of Class or Workshop \_\_\_\_\_

Conservation District board Chairman: \_\_\_\_\_

Chairman Signature: \_\_\_\_\_

IDEA Approval Date: \_\_\_\_\_

IDEA President's Signature: \_\_\_\_\_

IDEA Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_