

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:

Total costs paid by District for training

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:

