

|  |
| --- |
| **Investing in Your Success** |
| **Scholarship Application Form** |
| Partner Name |  |
| Name of person attending |  |
| Training Held by |  |
| Training Class Name |  |
| Date of training |  |
| Location of training |  |
| Scholarship funds requested |  |
| Total Training Cost |  |
|  |  |
| Reminder: Funds will be disbursed after completion of training. ***Please forward a class completion certificate or paid invoice.***Email to: mgottman@evernorthus.org |

Maine Office | 120 Exchange Street, Suite 600, Portland, ME 04401| T 207.772.8255 | F 207.772.8241

www.evernorthus.org