



FFNHA Professional Development Scholarship 2010 Application

Name: _____

Organization: _____

Number of Full-Time Paid Staff: _____ Number of Part-Time Paid Staff: _____

Number of Full-Time Volunteers: _____ Number of Part-Time Volunteers: _____

Annual Operating Budget: _____

Address: _____

City, County, State, Zip: _____

Phone Number: _____ Email Address: _____

Name of Conference or Workshop: _____

Estimated costs:		Amount requested:
Travel	\$ _____	\$ _____
Registration fees	\$ _____	\$ _____
Lodging	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

In the space below, explain how this will further your professional development and program management capacity, including but not limited to the following areas: negotiation skills, increasing diversity, leadership and facilitation, effective listening, measuring success, and evaluation. Please attach additional pages if necessary.



Name: _____

Name of Conference or Workshop: _____

In the space below, explain how you will share this information with other FFNHA partners. This could include but is not limited to the following: writing an e-newsletter article, creating a presentation to be posted online, facilitating a training course, or signing up to mentor partners interested in your new skill/knowledge. Please attach additional pages if necessary.

Please initial the following statements.

_____ I understand that I may not receive the full amount requested in this scholarship application.

_____ If this scholarship is awarded, I agree to share information with other FFNHA partners as outlined above.

_____ If this scholarship is awarded, I agree to complete an evaluation of the program I attended within 3 weeks of the completion of the program.

_____ If this scholarship is awarded, I agree to complete a 6-month evaluation defining how the course enhanced my work or may have done so if the course had met my expectations.

Signature

Date