



**APPLICATION FOR EDUCATION/TRAINING GRANT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ LAND LINE OR CELL

TITLE OF CLASS OR EVENT

\_\_\_\_\_

CLASS OR EVENT HOSTED/OFFERED BY:

\_\_\_\_\_

LOCATION OF CLASS OR EVENT:

\_\_\_\_\_

DATES TO BEGIN

\_\_\_\_\_

DATE TO END

\_\_\_\_\_

WILL CREDIT OR CERTIFICATE BE OFFERED?

\_\_\_\_\_

DESCRIPTION OF CLASS OR EVENT

\_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM THIS EXPERIENCE?

\_\_\_\_\_

\_\_\_\_\_

HOW DO YOU HOPE TO APPLY WHAT YOU HAVE LEARNED AT TRINITY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AMOUNT REQUESTED**

**AMOUNT**

**TO BE USED FOR**

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**TOTAL AMOUNT** \_\_\_\_\_

*Upon your completion of the class/event a report on your experience must be submitted to the Trinity Foundation*



**REPORT ON EDUCATION/TRAINING**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ LAND LINE OR CELL

TITLE OF CLASS OR EVENT

\_\_\_\_\_

CLASS OR EVENT HOSTED/OFFERED BY:

\_\_\_\_\_

DATES ATTENDED

\_\_\_\_\_

DID YOU RECEIVE CREDIT OR RECEIVE A CERTIFICATE?

\_\_\_\_\_

GRADE \_\_\_\_\_

DESCRIPTION OF CLASS OR EVENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DID YOU GAIN FROM THIS EXPERIENCE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW WILL YOU APPLY WHAT YOU HAVE LEARNED AT TRINITY?

\_\_\_\_\_

\_\_\_\_\_

WOULD YOU RECOMMEND THIS CLASS/EVENT TO OTHERS AT TRINITY? WHY?

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\_\_\_\_\_