

Damariscotta—Newcastle Rotary

Training Grant Application for Skills Training

Name of Applicant _____ Date _____

Mailing Address _____ Town _____ Zip _____

Email Address _____ Phone _____

High School Attended _____

For what occupation or specialty do you seek license, certification, or degree?

Training Program Information:

Name of Program _____

Location _____ Website _____

Start Date _____ Completion Date _____

Tuition/Fees _____

Why do you want to take this training program?

What are your current or previous work experiences?

Anything else we should know about you, your plans, or your needs?