Damariscotta—Newcastle Rotary Training/Tool Grant Application

Applicant must choose to apply for either a Training Grant or a Tool Grant, not for both

Name of Applicant _____Date _____

Mailing Address _____Town_____Zip_____

Email Address_____ Phone _____

High School Attended _____

For what occupation/licensure/certification or Associate Degree do you seek Training or Tools?

Training Program Name _____ Start Date_____ End Date_____

Location _____Website _____

License, Certification, or Associate Degree sought _____

Tuition Expense $ _____ Fees $ _____   **OR**   Tools Expense $ _____

Fee expense detail and amount_____ **OR** Type of Tools _____
_____   _____

Why do you want to take this training program? **OR** Why do you need these tools?

What are your current or previous work experiences?

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

(2023-24 version)