

**Damariscotta-Newcastle Rotary
Educational Grant Application for Professional Tools**

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?

If the tools are required for a professional training program, provide the following:

Name of Program _____

Location _____ Website _____

Start Date _____ Completion Date _____

License, Certification, or Degree Sought _____

Tools being requested and estimated cost:

What are your current or previous work experiences?

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