

LOCAL GOVERNMENT EDUCATION POOL

APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Years of Employment: \_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)

Educational Opportunity Requested: \_\_\_\_\_

Institution/College/University: \_\_\_\_\_

Course Name: \_\_\_\_\_

Brief Course Description: \_\_\_\_\_

\_\_\_\_\_

Course Attendance Dates: (From \_\_\_\_\_ to \_\_\_\_\_)

Number of Credits: \_\_\_\_\_ or Number of Continuing Education Credits: \_\_\_\_\_

Total Amount of Course: \_\_\_\_\_ Amount Requested for Reimbursement: \_\_\_\_\_

*\*Can request reimbursement for half of the total cost, not to exceed \$500 per application.*

Explain why this educational opportunity is not covered under you department's existing training budget: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain in detail what knowledge, skills or tools you wish to gain from participating in this educational opportunity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how this educational experience will benefit your position, your department and ultimately the County of Bland: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain your overall educational, professional, and personal development plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ do hereby attest that all information provided above is, to the best of my knowledge, accurate and truthful.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_