

# UNDERSTANDING POVERTY

## Training Scholarship Application

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### Please Print

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

Position of Employee: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How will clients benefit from your attendance at the workshop? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will your organization benefit from your attendance at the workshop? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Check One:

- YES — I am an LPA Partner.
- NO — I am not an LPA Partner.

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Supervisor Signature

Date

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Phone

Date

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Applicant Signature

Date