



# Professional Training Grant Application

Please submit to Mike Walsh: [mike@moreleaf.org](mailto:mike@moreleaf.org)

## **Applicant Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
MCFC Region \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Training Event Information:**

Event Topic: \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Speaker(s): \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
Time: \_\_\_\_\_  
Target Audience: \_\_\_\_\_  
Target Attendance: \_\_\_\_\_  
  
Amount of funding requested: \$ \_\_\_\_\_

## **Event Goals & Objectives:**

What do you hope to gain by conducting this specific event (CEU's, networking opportunities, education in a particular area, etc.)? Please be as specific as possible.

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