

PLEASE TYPE OR PRINT (All Information will be kept confidential.)

James L Goodwin Master Naturalist Program Scholarship Application

CT Department of Energy and Environmental Protection

CT Forest and Park Association

Friends of Goodwin Forest

Name _____
(First) (MI) (Last)

Permanent home address _____
(Street) (City) (State) (Zip) (County)

Phone number _____

Work Experience

Are you currently employed? Yes _____ No _____

If yes, list name of employer, location, position title, duties and dates of employment.

Financial Information - Estimated annual family income.

Up to \$9,000 _____
\$9,000-\$18,000 _____
\$18,000-\$25,000 _____
Over \$25,000 _____

Do you have any dependents (if so, provide number and relationships)? _____

Please provide any additional factors you want the Committee to consider when evaluating your financial needs.

In a short statement please tell us why you need a scholarship and how you can benefit from the Master Naturalist Program.

If you are chosen to receive a scholarship, a non-refundable fee of \$75.00 will be required to cover the cost of the Manual and classroom supplies. Payment information and due date will be given at time of scholarship acceptance.

(Please do not send payment unless you receive an acceptance letter.)

I acknowledge that I have read and understand the above form and all of the above information is true and accurate to the best of my knowledge.

Signature_____ Date_____

Please send this scholarship form back to the following address by **April 8th, 2022**.

James L Goodwin Conservation Center
Master Naturalist program
23 Potter Rd
Hampton, CT 06247

Or attach and email to
Deep.goodwin@ct.gov

