

# Missouri Animal Control Association Scholarship Application 2009

## Applicant's Information

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Hire date: \_\_\_\_\_

	Course	Training Received:	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Are you scheduled to attend any other upcoming training programs? Yes/ No  
If yes, please explain: \_\_\_\_\_

## Organizations Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone# \_\_\_\_\_  
Number of staff in our agency: \_\_\_\_\_  
Population of area you service \_\_\_\_\_

Does your Agency have a pre-release spay/neuter program? Yes / No  
If a partial Scholarship is available would your organization fund the balance? Yes / No

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## Scholarship Qualifications

1. Applicant must have been in the Animal Control/Welfare profession for a minimum of 6 months.
2. Employer or immediate supervisor must provide a recommendation letter on behalf of the applicant stating applicant's position title and if full or part-time employee.
3. Full Scholarships are for lodging and program registration. Partial Scholarships are for program registration.
4. Provide a copy of the department's training budget
5. SUBMIT Application to: Scholarship Committee, P. O. Box 863, Lee's Summit, MO 64063
6. Application deadline is August 01, 2009