

W.H.E.I.A. TRAINING AIDS / MATCHING GRANT
APPLICATION FORM

Date of application: _____

Name: _____

W.D.N.R. Instructor Number: _____

District: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: (____) _____ - _____

Total cost of training aid: \$ _____ Grant amount requested: \$ _____

Training aid description:

Attach additional pages as necessary

Notes: Any WHEIA Instructor or WHEIA Group may submit a grant request.

- a) Grant requests shall not exceed \$125 per request and only one grant per year per individual or group.
- b) The request must specify what training aid is needed and the costs.
- c) The requestor must match the request with his or her own funds.
- d) A copy of the receipt must be attached to this grant form.
- e) Grant requests shall be approved or disapproved at any regular or special meetings of the Board of Directors.
- f) In all cases the aid remains the property of the requestor.
- g) Training Aid Grants are not to be used for gratuity items given to students.
- h) All grant requests shall be sent to: WHEIA, PO Box 24, Stevens Point, WI 54481-0024
- i) Refer to WHEIA Policy & Procedure Manual for specific procedures.

----- WHEIA Use Only -----

Date Issued: _____ Check Number: _____

Version 6/19/2010

All previous versions are obsolete. 6/19/2010