



Application Form

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| Full Name |
| Contact Information Home Address: Phone: Email: Work Address: Work Phone Number: |
| Name of Training/Course |
| Date of Training/Course |
| Instructors Name and Contact Information |
| What is your rationale for attending desired training? |
| What is your plan to implement these new training skills in your community and surrounding communities? |



What is your interest in and involvement with Parkinson's community?

What is your estimated budget for this training? How much are you contributing to each item?

Training cost:

Travel cost:

Boarding cost:

Food cost:

Other expenses:

Please provide two reference letters – one being from a person with Parkinson's (PwP). Please include the letters with the application form.

Reference #1

Name:

Contact Information:

Reference #2

Name:

Contact Information:

Special consideration will be given to applicants living in communities with limited community resources for people with Parkinson's. Where do you currently practice? Which communities would benefit from your services?



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| <p>As an applicant, I agree to provide classes on a sliding scale basis for individuals needing financial assistance</p> <p>YES NO</p> |
| <p>As an applicant, I agree to include PSBC's logo on marketing materials</p> <p>YES NO</p> |
| <p>How did you learn about the Continuing Healthcare Scholarship through PSBC?</p> |
| <p>If there is additional information or considerations you would like reviewers to know about, please provide here</p> |