



Professional Development Scholarship Application

Name: _____

Phone Number: _____

E-mail Address: _____

FFNHA Partner Organization: _____

FFNHA Partner Organization Address: _____

FFNHA Partner Organization City, County, State, & Zip: _____

Name of Conference or Workshop: _____

Date of Conference or Workshop: _____

Location of Conference or Workshop: _____

Please provide a link to the conference website or a copy of the conference agenda.

Where did you hear of this opportunity?

| | Estimated Costs: | Amount Requested: |
|--------------------|------------------|-------------------|
| Travel: | \$ _____ | \$ _____ |
| Registration Fees: | \$ _____ | \$ _____ |
| Lodging: | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ |
| Total: | \$ _____ | \$ _____ |



Please answer the following questions. You may attach additional pages if necessary.

Explain any financial need your organization has for this scholarship. Please make mention of the number of paid vs. unpaid staff within your organization.

Please explain how this conference or workshop will benefit your organization and help strengthen its role as a partner site of Freedom's Frontier National Heritage Area.



Does this conference address any of the subthemes of Freedom's Frontier (shaping the frontier, Missouri/Kansas Border War, and Enduring Struggle for Freedom) or any topic discussed within the Power of Partnership section of the 2009 Management Plan, including but not limited to: Heritage Preservation, Recreation & Natural Resource Conservation, Tourism & Marketing, Economic Development & Sustainability Management, or Interpretation & Education?

Please explain how this will further your professional development and program management capacity, including but not limited to the following areas: negotiation skills, increasing diversity, leadership and facilitation, effective listening, measuring success, and evaluation.



Please describe any costs for registration beyond the basic registration (ex. Lunches, workshops, etc.). Lunches, workshops, and additional sessions may be reimbursed, with proper explanation on how they can better your site.



Please initial the following statements.

_____ If this scholarship is awarded, I understand that each recipient must share their information and experience with other FFNHA partners. This could include but is not limited to the following: writing an article for the Monday minute e-newsletter, creating a presentation for a partners meeting or to be posted online, working with FFNHA staff in facilitating a training course, or offering to mentor partners interested in your new skill/knowledge. This must be complete within 6 months of close of conference. Six months from close of conference date:

_____ I understand that I may not receive the full amount requested in this scholarship application.

_____ If this scholarship is awarded, I agree to complete the necessary post-conference report within 3 weeks of the completion of the conference or workshop. Three weeks from the completion of the conference or workshop date: _____

_____ I understand that by accepting this scholarship I have a responsibility to complete the requirements, either as an employee of a partner site within Freedom's Frontier or my personal time.

Signature

Date

Please send completed applications to:

Elizabeth Hobson
Education & Interpretation Manager
Freedom's Frontier National Heritage Area
P.O. Box 526
Lawrence, KS 66044
(785) 856-2333- office
(785) 424-5086- cell
(785) 856-5303- fax
ehobson@freedomfrontier.org