



Bayfield Education Foundation General Request

Use this form to request educational funding for courses, certifications, trainings, or degree programs. Please provide details about the program, associated costs, and how the opportunity supports your educational or professional goals. All requests are reviewed based on eligibility and available funding.

Please submit all fully completed applications by email to bayfieldlearns@gmail.com.

Applicant's Information

Full Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Educational Program Details

Program / Course Name: _____

Provider / Institution: _____

Type of Program:

- Course
- Certification
- Workshop / Training
- Conference
- Degree Program
- Other: _____

Delivery Format:

- Online
- In-Person
- Hybrid

Start Date: _____

End Date: _____

Cost & Funding Request

Total Cost of Program: \$ _____

Amount Requested: \$ _____

Cost Breakdown (if applicable):

- Tuition: \$ _____
- Materials: \$ _____
- Exam / Certification Fees: \$ _____
- Travel / Other: \$ _____

Have you received educational funding before?

Yes No

If yes, please describe (program and year):

Justification & Impact

How does this education relate to your current or future role or career path?

Is this education required for your role?

Yes
 No (Optional but beneficial)

Supporting Documentation (Attach if applicable)

- Program description or syllabus
- Cost estimate or invoice
- Additional supporting documents

Applicant Acknowledgment

By signing below, I confirm that the information provided is accurate and I understand that approval of educational funds is subject to organizational policy and availability of funds.

Applicant Signature: _____ **Date:** _____