

ARBORICULTURE SOCIETY OF MICHIGAN FOUNDATION

Educational & Professional Training Scholarship Program

Daniel Joseph 'DJ' Kurkowski Memorial Scholarship



Arboriculture Society of Michigan

Application Category

ISA Certification Materials & Testing Fees
ArborCon Conference—awarded at the appropriate conference rate

Applicant Information

First Name _____ Middle: _____ Last Name: _____

Email: _____

Mobile Phone: _____

Telephone 2: _____

Address 1: _____

Address 2: _____

City: _____

State: ____ Postal Code: _____ - _____

University/College

**Transcript Required for Each*

Institution 1: _____

Address: _____

Degree Received: _____

Date: _____ Major/Program: _____

Associate/2-Year _____ BA _____ BS _____ MS _____ Ph.D. _____ Other _____

Institution 2: _____

Address: _____

Degree Received: _____

Date: _____ Major/Program: _____

Associate/2-Year _____ BA _____ BS _____ MS _____ Ph.D. _____ Other _____

Professional Education

**Transcript or Certification Document Required for Each*

Institution & Certification Received: _____

Address: _____

Address: _____

City: _____ State: ____ Postal Code: _____ - _____

Contact Office: _____ Contact Phone: _____

Contact Email: _____

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Certifications Received

Certification Received: _____

Year _____

Certification Received: _____

Year _____

Employment History

Arboriculture and related fields

Employer 1 Name: _____

Was this an Internship? ____ Volunteer Work? ____

Employer Address: _____

Position Held: _____

Dates of Employment: _____ to _____

Contact/Reference Name: _____

Contact Telephone: _____

Contact Email: _____

Skills & Responsibilities: _____

Employer 2 Name: _____

Was this an Internship? ____ Volunteer Work? ____

Employer Address: _____

Position Held: _____

Dates of Employment: _____ to _____

Contact/Reference Name: _____

Contact Telephone: _____

Contact Email: _____

Skills & Responsibilities: _____

Additional Information: _____

***Signature**

***Date**

**Must be Signed and Dated by Applicant — electronic signatures are accepted*

By my signature I attest that I have read all scholarship policies included in the Scholarship Overview and agree to the terms therein. By my signature I certify the truth of all information submitted to the ASMF Scholarship Committee.