



Georgia Professional Human Services Association

Application for Training Funds

Section 1

Name _____
(Last) (First) (M.I.)

SSN _____ Race _____ Sex _____ Age _____

Address _____ Office Phone _____
Home Phone _____

County _____ Other _____

GPHSA Member Yes No

Section 2

Name of Workshop _____

Date _____ Location _____

Expenses: Registration \$ _____ Travel \$ _____
Lodging \$ _____ Meals \$ _____

Amount requested from Foundation \$ _____

Brief Description: _____

How will the workshop enhance your job performance? _____

Unit: Admin _____ Clerical _____ Eligibility _____ Services _____

Employee's Signature Date

Section 3 (To be completed by applicant's supervisor only)

Do you support the applicant's attendance to this workshop? Yes No

Statement of support or non-support: _____

Supervisor Signature Date

Section 4 (To be completed by County Director only)

Has county and Grant-in-Aid resources been received for this workshop? Yes No

If so, please explain _____

Amount authorized from these resources \$ _____

I certify that the information above is correct. I approve this request for training.

County Director Date

Section 5 **References**

Name _____ Relationship _____
Address _____ Telephone _____
_____ Fax/Other _____

Name _____ Relationship _____
Address _____ Telephone _____
_____ Fax/Other _____

Name _____ Relationship _____
Address _____ Telephone _____
_____ Fax/Other _____

Section 6

Date received by GCWA _____ Date received by Foundation Trustees _____

Application Approved Yes No Amount Approved \$ _____

Notes/Explanation _____

Foundation President Signature Date

Please email or mail completed application to:

GPHSA
PO Box 1219
Covington, GA 30015