

NORTHERN MICHIGAN NKBA CHAPTER PROFESSIONAL EDUCATION
GRANT APPLICATION (2013)

Date: _____

Name: _____

NKBA member number: _____

Employer: _____

Address: _____

Phone: _____

Cell Phone: _____

Email: _____

Years of experience in the Kitchen & Bath Industry: _____

Please List the Training you want assistance to attend.

Course/ Training: _____

Offered When _____

Where _____

Cost: _____

Other Expenses: _____
(*travel, hotel stay, etc.*)

Please write a short essay explaining your goals in this profession and how this course will enrich your professional growth. Attach to this form.

Submit to Grant Committee Chairperson. (Jethany Lee & Robin Berry)