

# James W. Matthews Extension Volunteer Leadership Development Fund Application

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box City Zip

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Tax ID # or Social Security # (Required): \_\_\_\_\_

Are you a nonresident alien?  Yes  No

Are you a UA Employee?  Yes  No

If employee, is this application

Related to employment?  Yes  No

Are you a student?  Yes  No

Amount Requested \$ \_\_\_\_\_

Do you anticipate additional funding from another source other than your own? **Yes/No**

If yes, how much? \_\_\_\_\_

## Educational/Developmental Training Applied for:

**What:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**When:** \_\_\_\_\_

**Support money requested:** workshop/conference registration fees, educational references, computer training, visual aids, travel, meals, lodging, etc. (please list and describe).

Cost	Description
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

**Total** \$ \_\_\_\_\_

**Please answer the following so the Review Committee can better evaluate your application.**

Describe your extension training and present role as an **Extension Volunteer i.e. 4-H, Master Gardener, Master Food Preserver** (who do you work with?, how many people are involved?, what do you do?, how often?):

Why do you want to attend this event?

What specific information or skill do you hope to gain from this event?

How and with whom will you share this new information? Please list anticipated outreach methods such as presentations, articles written, classes taught, groups worked with, and or events organized etc.)

**Note: When you have completed your training, please send the James W. Matthews Fund Review Committee Chair a brief summary of how you benefited from this experience and how you shared the information you learned.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

District Extension Agent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name of District Extension Agent \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL or FAX BY MAY 25/ NOVEMBER 25 TO INSURE THAT YOU HAVE MET THE DEADLINE! Applications must be received by June 1 (for July through December activities) or, December 1 (for January through June activities) at the address below. Applications received after the deadlines will not be considered for funding.**

Arlene Strandberg, Assistant to the Director  
CES Director's Office  
University of Alaska Fairbanks  
PO Box 756180  
Fairbanks, AK 99775-6180  
FAX: (907) 474-6971