**Workshop Scholarship Application**

Thank you for your interest in RRB’s restorative practices training. Please complete the form in its entirety. It can be emailed to andria@restorativeresponse.org or faxed to 410.889.0944.

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| **Organization Information**  | **Today’s Date: / /** |
| Organization Name:  | Point of Contact: |
| Organization Address:  | City: |  State:  | Zip: |
| Phone Number:  | Website: | Email:  |
| Organization Mission/Description:  |
| Organizational Budget: \_\_\_ Under $100,000 \_\_\_Over $100,000 but under $500,000 \_\_\_Over $500,000 but under $1,000,000 \_\_\_Over $1,000,000 |

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| **Training Information** | **Workshop Requested:** |
| How much is your organization able to contribute to the workshop cost? |
| Tell us how your organization will benefit from the requested workshop: |
| RRB is happy to evaluate our costs and transfer or eliminate fees when able. Is your organization open to an exchange of services? If so, please explain offerings that might benefit our organization.  |
| Can your organization assume responsibility for copies, binder, folders, and other workshop supplies?  |
| Is your organization willing to attend the workshop at our office, located at 1500 Union Avenue in Baltimore? |
| If a scholarship is not granted can your organization enter into a payment plan to cover the cost of the workshop? Please explain.   |

Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_