



Community Training Application

In order for an organization to receive Community Training, this application must be filled out and submitted to APICDA Training & Education Manager for approval. Upon approval, APICDA will notify the applicant.

APPLICANT INFORMATION

Entity Requesting Assistance: _____ Date: _____

Primary Address: _____

Contact Name & Title: _____

Phone No.: _____ Email: _____

COURSE INFORMATION

Course Name: _____

Preferred Company: _____ Preferred Dates: _____

Contact Name/Email: _____

Address: _____ Phone No.: _____

Alternate Company: _____

Contact Name/Email: _____

Address: _____ Phone No.: _____

How will this course benefit the community or region?

Provide a brief description of the training you are requesting, including course timeline:

MORE COURSE INFORMATION

Is this a vocational or higher education course?

PROVIDE DETAILED BUDGET BELOW (USE ADDITIONAL PAGE IF NEEDED)

	Amount
Fees	
Books	
Supplies	
Travel	
Luggage	
Transportation	
Hotel	
Other	
Total	

Are there additional sources of funding being applied for? If yes, who?

Total amount requested from APICDA:

For APICDA use only:

Date Received: _____	APPROVED	DENIED
Justification: _____		

Training & Education Manager Signature: _____		
Date: _____		



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