



Local Government  
Training Program

## Scholarship Application

FIRST NAME

MIDDLE INITIAL

LAST NAME

### EMPLOYER INFORMATION

LOCAL GOVERNMENT JURISDICTION

COUNTY

STREET ADDRESS

CITY

ZIP

POSITION TITLE

YEARS IN CURRENT POSITION

YEARS IN LOCAL GOVT

WORK EMAIL

### COURSE INFORMATION

COURSE NAME

COURSE DATE(S)

COURSE TUITION



For additional information contact LGTP director Bob Boylan at [rcboylan@wcu.edu](mailto:rcboylan@wcu.edu) or (828) 227-3442.