



Technician Scholarship Application Form

(Please Type or Print Clearly, Incomplete applications will not be considered)

To be eligible for this scholarship, you must be either:

1. Currently enrolled or within the past year completed training in a state-approved technician training program OR
2. In the process of applying for or have taken and passed the PTCB exam within the past year AND
3. Recipients must be current, active technician member of ISHP for a minimum of 1 year.

Name _____

Address _____

Phone _____ (work) _____ (home / cell)

Employment History: (if applicable) Please list with most recent first

Dates (From/To)	Name of Employer	Job Title	Supervisor (Name & Phone #)

Education History (Non-Technician): (if applicable) Please list with most recent first, your post-high school education history.

Dates (From/To)	School/College	Program Enrolled In	Degree/Certificate Obtained

Involvement in ISHP

Year Joined ISHP _____

Please list any committee involvement or offices you have held in ISHP

Please list any awards or recognition you may have received from ISHP.

Please complete the following information for the category under which you are applying:

1. Technician-training program

A. Current enrolled in program:

Dates Attended From/To	Name of School	Address/Phone #	Expected Date of Graduation

(Money will not be awarded until applicant shows evidence of successfully graduating from technician training program)

B. Completed training within past year:

Dates Attended From/To	Name of School	Address/Phone #	Expected Date of Graduation

(Please attach a copy of graduation certificate to this application form)

OR

2. PTCB Exam

A. Currently applied for exam

Date exam will be taken _____

(Money will not be awarded until candidate shows evidence of successfully passing exam)

B. Passed exam within past year:

Date exam taken _____

(Please attach a copy of exam results to this application form)

Applicant Signature

Date