



8350 E Main Street  
Alexandria, KY 41001  
859-635-9587  
[www.campbellkyconservation.org](http://www.campbellkyconservation.org)  
[cccd@campbellkyconservation.org](mailto:cccd@campbellkyconservation.org)

Rick Simon, Chairman  
Bill Landon, Vice Chairman  
Jim Benton, Secretary/Treasurer

Rick Carr  
Susan Ortlieb-Turner  
Jason Kilmer  
C. Kevin McCormick

Staff: Linda Grizzell  
Patti Dischar

---

## ADULT CONTINUING EDUCATION SCHOLARSHIP

Applications for the Campbell County Conservation District adult continuing education scholarships are now available through the district office.

### GUIDELINES FOR SCHOLARSHIP

The following information must be submitted to the Campbell County Conservation District:

1. Applicants must be Campbell County residents.
2. Must be age 18 and over and not currently enrolled in college.
3. Previous scholarship recipients are eligible to apply. Limit four to six scholarships per participant per fiscal year from July 1-June 30 up to \$75 value on a reimbursement basis.
4. Webinar/seminar must be in one of the following fields: natural resource conservation, forestry, soil science, ecology, wildlife science, agriculture, or biology with a focus on conservation. Notification will be made within 30 days of subsequent board meetings.

### REIMBURSEMENT REQUIREMENTS

1. Proof of attendance webinar/seminar is required (i.e., certificate, a screenshot of completion, etc.).
2. Return receipts within 7-10 days from the close of the workshop, etc. Receipt of payment: copy of credit card payment or front & back of a canceled check. Cash payments will not be reimbursed.

### SEND/EMAIL APPLICATION DOCUMENTATION TO:

Campbell County Conservation District  
8350 East Main Street  
Alexandria, KY 41001

[cccd@campbellkyconservation.org](mailto:cccd@campbellkyconservation.org)

Office hours: Monday, Wednesday, and Friday 8:00 am-4:00 pm

### APPLICATION FORM – ADULT CONTINUING EDUCATION SCHOLARSHIP

|  |  |                     |        |        |
|--|--|---------------------|--------|--------|
| Name: Last   |  | First               | Middle | Maiden |
| Home Address (Street, City, State, Zip Code)                       |  |                     |        |        |
| Home Telephone   |  | Cell Phone          |        |        |
| Date of Birth  |  | E-Mail Address      |        |        |
| Name of Webinar/seminar  |  | Online or in-person |        |        |
| Location:<br>Name:<br>Address:                                     |  |                     |        |        |
| Completion Date  |  |                     |        |        |
| Field of study:  |  |                     |        |        |
| How will you apply this information to your agricultural business? |  |                     |        |        |
| I certify the above application to be true and correct.            |  |                     |        |        |
| (Applicant's signature)  |  | (Date)              |        |        |