Woodlands County

Professional Development Grant

Community Organization:

Name: _____

Address: _____

Phone: _____ Email: _____

Name of Individual(s) to Attend: _____

_____

Course To Attend: _____

Course Date(s) & Time: _____ Course Location: _____

Total Amount Requested: _____

How would the skills taught at this course benefit your organization and the community?

For more information contact Woodlands County at **1.888.870.6315** or online at w**oodlands.ab.ca**