Participatory Modeling Field School
Scholarship Application Form

Applicant's name:

_____

Contact information:

Email: _____
Address: _____
Telephone: _____

Organization or group affiliation:

_____

Scholarships are intended for individuals who do not have the personal or organizational resources to pay for the registration fee.

☐ I do not have the resources to pay the registration fee.

1. Please describe a complex problem you are interested in working on in your community.

2. Are you a member of a partnership or collaborative that is working on this problem? If so, please describe the partnership or collaborative.

3. Please describe your current role in the partnership or collaborative.

4. How do you anticipate using what you learn during the conference to manage a complex problem in your community?