

**SOCIETY OF PETROLEUM ENGINEERS
EVANGELINE SECTION
MEMBER TRAINING GRANT APPLICATION**

Member Name _____ Date of Birth _____
Last First MI

Mailing Address _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Work E-Mail Address: _____

Home E-Mail Address: _____

SPE Member # _____

School/University Attending _____

Address _____

City _____ State _____ Zip _____ Phone _____

Class/Course/Certification Name _____

Number of Hours _____ Tuition Cost of Class/Course/Certification \$ _____

Is your Employer paying for all or a portion of this training prior to or after completion of this training? ___ No ___ Yes If yes, indicate amount of employer payment: \$ _____

Is training requirement for ___ current employment ___ future employment

Answer the following question on a separate page using no more than 300 words and submit it with this application: How would this grant benefit you?

Please return this completed application with supporting document(s), i.e., copy of Registration Information and Cost to:

Grant Committee Chairman
Evangeline Section Member Training Grant Application
SPE Evangeline Section
P.O. Box 52356
Lafayette, LA 70505-2356

NOTE: To receive grant funding, an applicant will receive notification of approval for funding by the SPE Evangeline Section Training Grant Committee. Then upon completion of your proposed certification/training, you must submit both a copy of the training certificate or credential earned as evidence of successful completion and a copy of the receipt showing payment for the training to the above address. Upon receipt of validated documents, grant funds will be issued.

Applicant's Signature _____ Date _____