Ohio Chapter International Society of Arboriculture
Professional Development Scholarship Application

Application Deadline January 15

Please Print or Type Information

Full Name _____ Preferred First Name _____

E-mail Address _____ Phone Number _____

My current Certification(s) / Qualification(s)

- ☐ ISA Certified Arborist (Certification #_____)
- ☐ Qualifications: _____
- ☐ My ISA dues are paid thru _____ (month/year), and my Ohio Chapter dues are paid thru _____ (month/year).
- ☐ I am pursuing (check one):
  - ISA Board Certified Master Arborist
  - ISA Certified Arborist
  - ISA Certified Arborist Utility Specialist
  - ISA Certified Tree Climber
  - ISA Certified Tree Worker Aerial Lift Specialist
  - ISA Certified Urban Forest Professional
  - ISA Tree Risk Assessment Qualification
  - ASCA Tree & Plant Appraisal Qualification
  - Prescription Pruning Qualification (Prescriber)
  - Certified Treecare Safety Professional
  - Other _____

Practical Experience

Current or Most Recent Employer/Company _____

Your Position _____

Supervisor _____ Title _____

Dates of Employment _____
(Month/Year) To (Month/Year)

Job duties related to arboriculture:

Please enter information from your previous employer if you have less than three years with your current employer.

Employer/Company _____ Position _____

Dates of Employment _____
(Month/Year) To (Month/Year)

Job duties related to arboriculture:

Submit Completed Application and Documentation to:
info@OhioChapterISA.org or Ohio Chapter ISA, 6870 Licking Valley Road, Frazeysburg, OH 43822

Ohio Chapter ISA Scholarship Application Continued _____

Applicant's First & Last Name

Essay Questions

You may attach a separate sheet if you require more space.

1. What certification or qualification are you pursuing and why?

2. Describe how you meet the eligibility requirements for the credential or qualification.

3. How will this new credential assist you in furthering your career?

4. Why do you feel that you are a good candidate for this credential and scholarship?

Application Checklist

- ☐ Completed Application
- ☐ Two Professional Letters of Recommendation (At least one must be from an ISA Certified Arborist.)
  Please list the first and last names of those individuals who submitted letters.
  1. _____
  2. _____

Signature/Approval of Information

- ☐ I certify that I have read and met the eligibility requirements for the program.
- ☐ I understand that I must register for the certification/qualification before August 1.
- ☐ I have completed the application to the best of my abilities.

_____ _____

Applicant Signature Date

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