Susan Croll Education Fund

Training Stipend & Workshop Application Form

SECTION A - Applicant/Participant Information (for individual stipends)	
Guest/Resident Name:	
Date Submitted - Month/Day/Year:	
Lookout Site/Program:	
Actual Cost of Training or Workshop (Max $500)	Total Amount Requested: _____
Application Type: ☐ Individual Training / Education Stipend ☐ Site-Based Workshop	
SECTION B - Training or Workshop Category	
Select one option that is the closest description ☐ Core / Basic Skills ☐ Independent Living Skills ☐ Social & Interpersonal Skills ☐ Health Literacy ☐ Pre-Employment Skills ☐ Other: _____	
SECTION C - Activity Details	
Name of Training / Course / Workshop:	
Brief Description of the Activity:	
SECTION D - Intended Outcome	
What is the main goal of this funding?	
All recipients agree to complete a brief evaluation after the funded activity is finished. ☐ I understand that submitting an evaluation is a condition of this funding. Applicants Signature: _____	

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SECTION E — Staff Support & Sign-Off
The Susan Croll Education Fund provides stipends of up to $500 to support education, training, life skills, and personal development for Lookout guests and residents. The fund also supports site-based workshops that build skills, learning, connection, and greater independence. Please indicate any other program funding that has been explored if applicable: _____ _____ _____
Supporting Staff Name:
Staff Role / Program:
☐ I confirm this request aligns with the goals of the Susan Croll Education Fund.
Staff Signature: _____

ADMINISTRATION USE ONLY

Administrator Approval	YES/NO	
Operational Director Approval	YES/NO	
Finance Paid	YES/NO	Date:
Evaluation Received	YES/NO	Date:
File Closed	Date:	