

Wyoming Food Safety Coalition

Application

for

Food Safety Training Scholarship

***Form to be completed by participant making the request.**



Name: _____ Date submitted: _____

ServSafe training you want to attend: _____

Date of training: _____

Funds provided from other sources, if applicable (list source & amount) _____

Reason for attending ServSafe Training: _____

Form must be completed and turned in at least 7 days prior to start of training. If approved, funds will be paid directly to ServSafe training personnel on behalf of the WFSC. No refunds or exchanges are permitted.

Email completed form to Sara Pino at wfscspino@gmail.com.

Scholarship Committee Recommendations: _____

Date: _____

WFSC Committee Decision: _____

_____ Date: _____