



Professional Development
Scholarship Application

Name: _____

Address: _____

E-mail: _____

Phone: _____

Please write a brief overview describing how you and others in your community will benefit from your participation in this professional development opportunity.

Funds requested

K-5 Better Health through Walking and Bicycling (\$500) _____

K-8 Better Health through Walking and Bicycling _____

Road Ready: Middle School Walking and Bicycling _____

MSU Northern 1 credit (\$150) _____

CyclingSavvy: (\$75) _____

Other: _____

Travel: _____

Total: _____

Contact: Roger and Sharon DiBrito
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