



Scholarship Program

The purpose of the Ohio Chapter ISA Scholarship Program is to promote professional arboriculture within the state of Ohio. The goal is to assist individuals with the financial responsibility of professional arboricultural development through higher education in the field or via a professional industry organization such as the International Society of Arboriculture.

Application Deadline: EXTENDED TO March 10, 2024

Professional Development \$500 Value

Recipient Will Receive

Up to \$500 credit/reimbursement for expenses related to obtaining professional development in the field of arboriculture.

Expenses may include:

- Study materials
- Exam fees
- Mileage to/from the training or exam location.
- Course registration fees

Recipients must submit all receipts for reimbursement to the Ohio Chapter ISA by September 15, 2024.

Scholarship Requirements

1. Applicant must be seeking professional development in an ISA certification area, including:
 - Certified Arborist
 - Municipal Specialist
 - Utility Specialist
 - Tree Worker Climber Specialist
 - Tree Worker Aerial Lift Specialist
 - Board Certified Master Arborist

Or another industry qualification such as:

 - Tree & Plant Appraisal Qualification (TPAQ)
 - Certified Treecare Safety Professional (CTSP)
 - or other industry qualifications/credential.
2. Applicant must be a current member of the Ohio Chapter ISA.
3. Applicant must submit 2 letters of recommendation from arboriculture/horticulture professionals; at least 1 of these must include a letter of recommendation from an ISA Certified Arborist professional.
4. Awardees must volunteer and actively serve at least one year on an Ohio Chapter committee within one year of receiving the scholarship.

Applicants are judged on their ability to meet the eligibility requirements for the certification or credential.

Application Instructions

Review Process

- Applications lacking **ALL** eligibility requirements will not be accepted for consideration.
- Submission of all required documentation is the responsibility of the scholarship recipient.
- Applicants who have not previously been awarded a Chapter scholarship will receive priority consideration over previous recipients.

Deadline to submit the application is March 10.

Applications and required materials are the responsibility of the applicant.

Recipients will be notified via email by April 15 and announced in

The Buckeye Arborist publication of the Ohio Chapter ISA.

Submit completed application and documentation to Ohio Chapter ISA, PO Box 267, Baltimore, OH 43105-9998, or email info@OhioChapterISA.org.



OHIO CHAPTER INTERNATIONAL SOCIETY OF ARBORICULTURE
SCHOLARSHIP APPLICATION
PROFESSIONAL DEVELOPMENT
Application Deadline: March 10, 2024

Please Print or Type all Information.

Full Name _____ Preferred First Name _____

Phone Numbers _____
Home or Cell Business

E-mail Address _____

Current Certification(s) / Qualifications

ISA Certified Arborist (Certification # _____)

Other Qualifications (i.e. TRAQ, TPAQ, CTSP, etc.)

Please list: _____

Practical Experience

Current or Most Recent Employer/Company _____

Your Position _____

Supervisor _____ His/Her Title _____

Company Address, City, State, Zip Code _____

Date of Employment _____

From (Month/Year) To (Month/Year)

Job duties related to arboriculture:

Previous Employer/Company (*If less than 2 years with your current employer.*)

_____ Position _____

Company Address, City, State, Zip Code _____

Date of Employment _____

From (Month/Year) To (Month/Year)

Job duties related to arboriculture:

Essay Questions

This information will be used for judging the application. A separate sheet can be attached if more space is needed.

What certification or qualification are you pursuing and why?

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

Why do you feel that you are a good candidate for this scholarship?

Application Checklist

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

Check the box if the individual is an ISA Certified Arborist.

- 1. _____
- 2. _____

- ISA Certified Arborist
- ISA Certified Arborist

Signature/Approval of Information

I have completed the application to the best of my abilities.

Applicant Signature

Date