



Ohio Chapter International Society of Arboriculture Professional Development Scholarship Application

Application Deadline November 1

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

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:

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

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