



***Upper Elkhorn
Natural Resources District***
301 North Harrison Street
O'Neill, NE 68763
(402) 336-3867 fax (402) 336-1832

Conference Grant Form

Applicants Name: _____

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number:** _____

Does Applicant reside within the Upper Elkhorn NRD: _____

Name of School: _____

Has the Applicant ever received an UENRD Grant before: _____

If yes, for what Conference: _____

Why do you want to attend this Conference?

If you are awarded a conference grant, would you be willing to present a written report to the Upper Elkhorn NRD Board of Directors describing your experiences? _____

Applicant's Signature

Date

Office Use Only: Date Application Received: _____ Date of Approval: _____ by: _____
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