# Zonta International – District 12

## PROPOSED EDUCATION FUND REIMBURSEMENT FORM



|  |  |  |
| --- | --- | --- |
| Date |  | |
| Name | |  | | Telephone | DISTRICT USE ONLY Chair  Member  Member |
| Street Address | |  | |  |  |
| City, State, Zip | |  | | Email |  |
| Zonta Position  District, Area, Club | |  | |  |  |

|  |  |
| --- | --- |
| Title/Subject of Training Program |  |
| Measurable Objective(s) of Program |  |
| Means of Measuring the Objective(s) |  |
| Number of Zonta Members to be trained |  |
| Process/Plan of Training |  |
| Materials/Resources Needed for Training |  |
| Total Amount of Money Requested |  |
| Timeline/Venue |  |

Send supporting documents and form to:

?**, Education Fund Review Committee Chair, Zonta Int’l District 12**

Ph:

Fax:

e-mail: