



Anne Arundel County · Watershed Stewards Academy

## Master Watershed Steward

### 2014 APPLICATION

#### Contact Information

Name:	
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I prefer all correspondence sent to: <i>(check one)</i>	<input type="checkbox"/>	Home	<input type="checkbox"/>	Business
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Home Address	
Business Address <i>(if applicable)</i>	

Position/Title, Employer/Organization <i>(if applicable)</i>	
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Business Phone:	Home Phone:	Cell Phone:

E Mail:	
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#### Tuition and Project Costs

	I will pay the full cost (\$250) of WSA Tuition and will recruit ½ of the cost of my Capstone Project.
	I will be sponsored by _____ Community Association for the Certification Tuition.
	I request a scholarship for the Certification Course Tuition (\$250)
	I request grant underwriting for the cost of my Capstone Project.
	I am enrolling as part of the Riverwise Congregations Program. My tuition will be paid by my religious congregation and capstone project costs are covered through the Riverwise Congregations Program.

**Please respond to the following questions. You may use the back of the page, additional paper or type into this form.**

**Interest:**

Why are you interested in becoming a Master Watershed Steward?

**Current Community Involvement:**

Please define the community that you will serve as a Master Watershed Steward (*Type of community: residential neighborhood?, rural community?, urban community? Mixed residential/commercial area? Business or other place of employment? School or government institution? Religious congregation? Approximate size? Location?*)

Please list any community organizations in which you participate, positions held and relevant accomplishments.

Please list your public speaking and meeting facilitation skills and experience.

**Skills:**

Please indicate your proficiency (L = Low, A = Adequate, P = Proficient) in the following:

	E-mail		Microsoft Office (Word, Excel, PPT)
	Internet/ Social Networking		ARC GIS or mapping program such as Google Earth

Please list other relevant computer or non-computer skills or interests:

**Expectations:**

What do you hope to gain from your participation in the Watershed Stewards Academy?

**Vision:**

What change are you hoping to affect in your community?

Do you have any conflicts with class dates as published?

Referred by (if applicable):

Letters of Recommendation attached (optional):

## Riverwise Congregations Information (if applicable)

***The Riverwise Congregations Program is an optional program for Stewards who wish to focus their steward activities on their community of faith.***

Name of Religious Congregation	
Address	
Phone Number	
Contact Person & email address	

*I understand and agree to the program requirements as stated on the Applicant Information Sheet and have attended an informational meeting (Date: \_\_\_\_\_). I also understand that as a Master Watershed Steward, I will serve as a resource to my community, and as such, my name, location and e-mail address will be made public.*

Signature		Date	
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***Please mail, e-mail, or fax your completed application form and any letters of recommendation to Jennifer Vaccaro c/o Watershed Stewards Academy, Arlington Echo Outdoor Education Center, 975 Indian Landing Road, Millersville, Maryland 21108. Email address [jvaccaro@aacps.org](mailto:jvaccaro@aacps.org). Fax 410.222.3826. Applications are due by September 12, 2014.***