We appreciate your interest in becoming an International Society of Arboriculture (ISA) Certified Arborist. The Northern Kentucky Urban and Community Forestry Council offers test materials and 50% reimbursement for examination fees and first-year ISA membership (approx $300 value), to encourage tree care specialists to become Certified Arborists. Please read applicant eligibility and cost-share recipient commitment requirements below.

Applicant Eligibility Requirements:

- Applicant should be a Northern Kentucky resident, (residing in Boone, Campbell, or Kenton County); or work for a tree care company which operates in Northern Kentucky.

- Applicant must have a minimum of three years practical experience in arboriculture or a related field. A two year degree in arboriculture and two years of practical experience, or a four year degree in a related field and one year of practical experience is also acceptable.

Recipient Commitment Requirements:

- Recipient must complete examination successfully, within six months of approved application, before 50% reimbursement for examination fee and first-year membership is granted. All required materials for reimbursement must be submitted to the Council within 60 days of completion.
Recipient must volunteer at least 10 hours of approved service to the Northern Kentucky Urban and Community Forestry Council within six months of receiving cost-share funds.
Northern Kentucky Urban and Community Forestry Council

How Does the 50/50 Certified Arborist Cost-Share Work?

- Applicant submits Cost-Share Application

**Within two months of submitting application:**

- Applications are reviewed by Northern Kentucky Urban and Community Forestry Council
  
  - Preferred eligible candidates are interviewed by Council
  
  - Selected candidates are approved by Council

- Approved candidates receive educational materials (valued at $100)

**Within 6 months of approval:**

- Approved cost-share candidates begin volunteering and logging a minimum of 10 hours of service to approved Northern Kentucky Urban and Community Forestry events. These include monthly council meetings, Reforest Northern Kentucky events, Municipal Arborist Training programs, and the Council’s Fall Gathering.

  - Approved cost-share candidates consult with International Society for Arboriculture (ISA) to find a reasonable test location and register for test. This requires submitting an application to the ISA.

  - Approved cost-share candidates begin studying for the ISA exam

- After ISA approval, approved cost-share candidate takes their scheduled exam

  - Upon completion, approved cost-share candidates submit the following requested materials: proof of successful ISA Arborist Certification examination, completed volunteer log, receipts for examination and first-year of ISA membership, to the Northern Kentucky Urban and Community Forestry Council. All materials must be submitted within 60 days of completion.

  **Within 60 days of receiving and approving cost-share applicant’s requested materials:**

  - Reimbursement for 50% of approved cost-share applicant’s expenses for Certified Arborist examination and first-year ISA membership (approx $200) are issued by the Northern Kentucky Urban and Community Forestry Council.
Northern Kentucky Urban and Community Forestry Council

Certified Arborist Cost-Share Application

Personal Information

Name:________________________________________________

Company Name (if applicable):____________________________________________________________

Address:______________________________________________________________________________

Phone Number:_____________________________ Email:______________________________________

Date you wish to take the Certified Arborist Exam: ___/___/_____

Exam Location:_________________________________________________________________________

Are you a current member of International Society of Arboriculture (ISA)?________________________

Educational Experience (arboriculture related)

College/University/Institution_____________________________________________________________

Address______________________________________________________________________________

Type of Degree_____________________________ Major__________________________________

Starting Date of Enrollment___________________ Graduation Date_________________________

College/University/Institution_____________________________________________________________

Address______________________________________________________________________________

Type of Degree_____________________________ Major__________________________________

Starting Date of Enrollment___________________ Graduation Date_________________________

College/University/Institution_____________________________________________________________

Address______________________________________________________________________________

Type of Degree_____________________________ Major__________________________________

Starting Date of Enrollment___________________ Graduation Date_________________________
Starting Date of Enrollment___________________ Graduation Date_________________________

Practical Experience

Number of years working in horticulture and/or arboriculture? __________________

Current or Most Recent Employer (Company) ____________________________________________

Your position_______________________________________________________________________

Contact Person_________________________________ Phone Number___________________________

His/Her Title_______________________________________________________________________

Company Address _____________________________________________________________________

Starting Date of Employment_________________________ Total Years of Employment__________

Responsibilities of your position:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Previous Employer (Company) _________________________________________________________

Your position_______________________________________________________________________

Contact Person_________________________________ Phone Number___________________________

His/Her Title_______________________________________________________________________

Company Address _____________________________________________________________________

Starting Date of Employment_________________________ Total Years of Employment__________

Responsibilities of your position:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Previous Employer (Company) ____________________________________________________________

Your position________________________________________________________________________

Contact Person_________________________________ Phone Number___________________________

His/Her Title___________________________________________________________________________

Company Address ______________________________________________________________________

Starting Date of Employment_________________________ Total Years of Employment__________

Responsibilities of your position:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Professional References:

Name: _________________________________ Affiliation:_____________________________________

Company Name:_______________________________________________________________________

Phone Number:__________________________ Email:________________________________________

Name: _________________________________ Affiliation:_____________________________________

Company Name:_______________________________________________________________________

Phone Number:__________________________ Email:________________________________________

Additional Materials Requested:

1) Cover letter (two page limit) that should include:
   - When did you become interested in trees and why you want to/currently work in arboriculture
   - Your intended contribution to the tree care industry after certification
   - Employment history and personal accomplishments
   - Related community service activities
   - Other affiliations with horticulture and/or arboriculture organizations
   - Financial need
   - How this scholarship will help you reach your career goals
Application Review:
Please contact Liz Fet at vice.president@nkyurbanforestry.org, should you have any further questions.

Please scan and email completed form and cover letter to:
Liz Fet at vice.president@nkyurbanforestry.org

Your signature verifies that you have read and understand the section in this application labeled, “How Does the 50/50 Certified Arborist Cost-Share Work?” and the commitment requirements below, also located on page one of this application, for recipients of Certified Arborist Cost-Share, offered by the Northern Kentucky Urban and Community Forestry Council.

Recipient Commitment Requirements:

- Recipient must complete examination successfully, within six months of approved application, before 50% reimbursement for examination fee and first-year membership is granted. All required materials for reimbursement must be submitted to the Council within 60 days of completion.
- Recipient must volunteer 10 hours of approved service to the Northern Kentucky Urban and Community Forestry Council within six months of receiving cost-share funds.

Applicant Signature

Date

________________________________________

________________________________________