



Scholarship Cover Sheet

Organization:

Name of Person(s) Attending Workshop:

Street Address:

City, State, Zip:

County:

Counties Served:

Telephone:

Fax:

Email:

Web site:

Are you a 501(c)(3) organization?

Organization's EIN:

Organization's Annual Operating Budget: \$

Budget for Professional Development: \$

Number of Paid Staff:

Number of Board Members:

Total cost of workshop(s): \$

Matching scholarship requested:* \$

Type of Organization:

- Advocacy
- Management Support
- Arts/Culture
- Religious/Faith-based
- Child Care
- Social Service
- Education

- Environment
- Foundation/Philanthropy
- Government
- Health _____ Care

* Scholarships are intended to match your professional development investment.. Please consider what you can afford and request a scholarship for the balance.

Other:

I affirm that the organization supports this request for scholarship assistance, and that the information contained in your request is accurate:

Signature of Executive Director or Board Chair

Date

Print Name/Title of Signatory: _____