

Scholarship Application Form



Please indicate which type of scholarship:

____ Workshop: _____

____ Consulting Project: _____

____ Standards for Excellence Clinic Series ____ Membership

Part I: Organization Information (please complete all fields)

Is your organization a member of the Center? ____ Yes ____ No

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mission: _____

Executive Director: _____ Email address _____

Part II: Applicant Information (please complete all fields)

Name of Applicant/Contact _____ Title _____

Telephone (if different from above) _____

Part III: Scholarship Application Information

Total Revenue from your current IRS Form 990 Line 12 \$ _____

Part IV: Please briefly explain why you are requesting a scholarship

Part V: Outcome

What outcome or benefit do you expect to receive from this membership, training, or consultation?

Applicant's Signature

Executive Director's Signature

Date