



923 N. Robinson Avenue, Suite 400  
Oklahoma City, OK 73102  
(405) 236-8133 or FAX (405) 272-0436

1145 Utica Avenue, Suite 1100  
Tulsa, OK 74104  
(918) 579-1900 or FAX (918) 579-5176

FREE Nonprofit Helpline: 1-800-338-1798

## **Scholarships**

### **Scholarship Guidelines**

The Oklahoma Center for Nonprofits provides partial scholarships to nonprofit organizations requesting membership, training, technical assistance or consulting. The Center encourages nonprofits to invest in these programs in order to better accomplish their missions.

### **Scholarship Policies**

- Scholarship applications should be mailed or faxed to the Center and should be received prior to the event.
- Scholarships will be awarded based on available funds and the application form.
- Please use separate application forms for each applicant.
- The Center will respond to all written scholarship requests within 10 days by mail, email, fax or phone.
- Organizations will be billed for the difference between the award and the actual cost.
- Preference will be given to nonprofit organizations that have not received a scholarship within the current fiscal year (July 1 - June 30).
- For consulting clients, please turn your Scholarship Request in within 14 working days prior to the event.

## Scholarship Application Form

Please indicate which type of scholarship:

- Workshop: \_\_\_\_\_
- Standards for Excellence Clinic Series
- Consulting Project: \_\_\_\_\_

Is your organization a member of the Center?     Yes     No

**Part I: Agency Information** (please complete all fields)

Agency Name (Legal Name of Entity) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Executive Director \_\_\_\_\_

**Part II: Applicant Information** (please complete all fields)

Name of Applicant/Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

**Part III: Scholarship Application Information**

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

**Part IV: Why.** Please briefly explain why you are requesting a scholarship. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part V: Outcome**

What is the outcome or benefit to your organization that you expect to receive from this membership, training, or consultation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature

Executive Director's Signature

Date

(Please return completed application form with proof of nonprofit status to the Center.)

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