

## **Professional Education Scholarships**

Please complete this form and return with your letter of recommendation. Please email to <a href="mailto:Shirrondaa@macdc.org">Shirrondaa@macdc.org</a>

| I. Applicant Information                               |        |      |  |
|--|--------|------|--|
| Participant Name:                                      |        |      |  |
| Organization:  |        |      |  |
| Address:   |        |      |  |
| City:  | State: | Zip: |  |
| Title:   |        |      |  |
| Telephone:   | Email: |      |  |
| Organization's Operating Budget (current fiscal year): |        |      |  |
| The Last training or course you attended:              |        |      |  |
| Date:  |        |      |  |
|  |        |      |  |

II. Professional Education Course or Training - Description

Course Name:

Organization:

City: State: Length of Course:

Brief Description:

Course fee: Travel/ Accommodations Est.:

Certification: yes / no

Scholarship amount requested:

## III. Candidate's Statement

Please describe how you and your organization will benefit from your attending this training or course.

## IV. Organizational Support

Please provide a letter of support from your supervisor, executive director or Board President.

## advancing skills, knowledge and leadership