Nonprofit Management Certificate Program Scholarship Application

Name:	Title/Position:		
Organization Name:			
Email:	Phone		
How long have you been employed with this organization?			
Have you completed the Nonprofit Management Certificate p	program in the last five years?	Yes	No
Have any other staff members of your organization complete	d the Certificate program in the last five	_	No
If yes provide their names		Yes	No
Please provide a brief explanation of why you want to participle how it will benefit you professionally.	pate in the Nonprofit Management Cer	tificate progi	ram and
The Nonprofit Management Certificate program consists of ei September 2023 through April 2024. Each session is a full day	_	-	
snacks are always provided.	, .,,,	, , , , , , , , , , , , , , , , , , , ,	
If selected, do you agree to attend ALL the Certificate program	m sessions, and attend IN PERSON?	Yes	No
If selected, does your direct supervisor agree to allow you to	attend ALL the Certificate program	V.	
sessions and attend IN PERSON?		Yes	No
Signature of applicant	Date		
Signature of direct supervisor*	Date		

^{*}If the applicant is the executive director or the primary executive of the organization, please have the board chair sign as the direct supervisor