



## SCHOLARSHIP APPLICATION

Due Date: January 6, 2019 for 2019 membership

\_\_\_\_\_  
First Name Last Name

Organization: \_\_\_\_\_

\_\_\_\_\_  
Street Address City ST ZIP

\_\_\_\_\_  
Your Email Additional Contact Email

\_\_\_\_\_  
Cell Phone # Organization Phone #

Are you employed by this organization? Yes [ ] No [ ]

If no, do you volunteer for this organization? Yes [ ] No [ ]

\_\_\_\_\_  
Your Title Year/Months in Position Year/Months in Non-Profit Work

What is your organization's current year budget amount? \_\_\_\_\_

Is the membership fee a barrier to your active participation in NCPC? \_\_\_\_\_

How will this scholarship help you promote philanthropy at your organization and in your community?

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

Awardees must attend a minimum of two NCPC workshop/luncheons in the scholarship year.

Awardees requested to volunteer at an event on an as needed basis.

*Thank you for applying to NCPC's scholarship program!*