

*Confidential*

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**2018-2019**  
**Scholarship Application**

**Sponsored by:**





## SCHOLARSHIP CRITERIA

A partial scholarship of up to \$600.00 is available to help defray costs of tuition (\$1,200.00) to participate in the Manistee Area Leadership Program.

Please review the selection criteria to determine your eligibility to apply. If appropriate, complete this form and return with your completed program application to:

Stacie Bytwork, President  
Manistee Area Chamber of Commerce  
11 Cypress Street  
Manistee MI 49660

### Selection Criteria:

- Scholarship applicants employed by a 501(c) 3 non-profit organization, small business with less than 10 employees, a classified sole proprietor and/or individual responsible for their own tuition will receive preference.
- Scholarship applicants are required to submit a completed program application along with this application, as all information will be used to evaluate the request. Please write "Scholarship Applicant" under your signature on the program application.
- Scholarship requests must be received at the Chamber office by **August 16, 2018.**
- Scholarship recipient(s) will be notified by phone, mail or email. The balance of the tuition must be paid by August 15, 2018 unless other arrangements have been previously determined.
- If a recipient is unable to attend the program, the scholarship shall be given to an alternate individual chosen by the scholarship committee.



## SCHOLARSHIP APPLICATION

Please complete the following information and submit it with your Leadership Program Application

Name

*Last*

*First*

*Middle*

Business Name \_\_\_\_\_

Home Address:

Business Address:

Street \_\_\_\_\_

Street \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell \_\_\_\_\_

Phone \_\_\_\_\_

Does your organization hold a 501 (c) 3 non-profit designation? Yes ( ) No ( )

Are you personally paying any portion of this tuition? Yes ( ) No ( )

If yes, \$\_\_\_\_\_. Please list all funding sources: \_\_\_\_\_

If you do not receive scholarship funding, do you still plan to participate in the upcoming Manistee Area Leadership Class? Yes ( ) No ( )

On a separate sheet of paper, in 300 words or less, please describe why you should be chosen to receive a scholarship for the Manistee Area Leadership Program.

Please take into consideration that a scholarship request may or may not be granted. The Scholarship Committee will evaluate all entries for eligibility. Scholarship assistance will be determined by those who demonstrate the most valid need.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_