LEADERSHIP TOMORROW
www.leadershiptomorrowseattle.org
1301 Fifth Avenue, Suite 2500 Seattle WA 98101
Engaging Leaders. Shaping Our Future.

SCHOLARSHIP REQUEST APPLICATION 2010

The policy of Leadership Tomorrow is to provide a *limited* number of scholarships to those candidates who are accepted into the program and demonstrate financial need that will prevent participation. ***Assistance will not be granted for the entire tuition amount under any circumstances.*** If granted, assistance can range from approximately $300 to a maximum of $2,500, but is typically around $1,000. Award amounts are based on the number of requests received and the amount of funds available each year. Leadership Tomorrow will consider accepting payments over a ten-month period. If you would like to be considered for a payment plan, please indicate the monthly payment amount requested, based on your circumstances.

Priority for scholarships is given to those candidates who are either employed in the non-profit sector, public sector, self-employed, or not employed. Candidates employed by large, private-sector companies are not eligible for assistance. To be considered for financial assistance you and your employer must complete the following information and submit it with your Leadership Tomorrow application:

Applicant _____

Phone _____

Employer _____

Mailing Address _____

City _____ State _____ Zip Code _____

1. **Amount you are contributing** toward tuition: $ _____ (minimum $350)
2. **Amount your employer is contributing** toward tuition: $ _____
3. **Amount of scholarship assistance requested**: $ _____

Total Tuition: (total lines 1-3) **$ 3,500**

4. Using reverse side of this application or a separate piece of paper, describe briefly your need for financial assistance, including a description of your specific financial situation.

5. I request being considered for a monthly payment plan. I can afford a maximum of $ _____/month.

I confirm that the above information is a true account of my situation.

_____

Signature Print Name Date

To be completed by employer:

I confirm that our company/organization will contribute $ _____ toward the above applicant's tuition.

_____

Signature Date

_____

Print Name Title Phone Number

All information will be kept strictly confidential.