



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Center for Excellence
Leadership • Governance • Philanthropy

Division of Continuing Education
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SCHOLARSHIP APPLICATION

Please check the certificate program you are enrolling in:

Certificate in Executive Nonprofit Leadership

Certificate in Executive Philanthropy

Last Name: _____ First Name: _____ Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Organization Affiliation: _____

Current Position/Title: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day: _____ Eve: _____ Cell: _____

Fax: _____ Email: _____

If currently unemployed, state last position and dates of employment and title.

How did you find out about this scholarship opportunity? _____

Scholarship Request Information

Individual Scholarship Request

Organization Scholarship Request on Behalf of an Individual

Agency Name: _____

Agency Address: _____

Agency Contact: _____ Phone Number _____

Agency Annual Budget: _____ Is there a budget line for staff development? Yes No

Source(s) of Funding: _____

