

Division of Continuing Education 1000 River Road, H-DH1-02 Teaneck, NJ 07666

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SCHOLARSHIP APPLICATION

Please check the certificate program you are en	nrolling 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 dat	es of employment and title.
How did you find out about this scholarship opporte	unity?
Schol	arship Request Information
☐ Individual Scholarship Request	
Organization Scholarship Request on Behal	If 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:	

Statement of Need

In the space provided, please explain why you believe the person named in this application should receive a scholarship. If you are an individual, include a statement about what you are doing or plan to do in the nonprofit sector, and how this program will benefit you.	
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Please note that the number and amount of available scholarships is dependent upon number of applicants and the availability of funding.