

**A2Y Leadership
Scholarship Application 2021-22**

Partial scholarships are available to help defray the costs of the Leadership A2Y program. Please review the selection criteria to determine your eligibility to apply. If appropriate, complete the program and scholarship applications and mail them with your non-refundable \$50 application fee to:

A2Y Leadership
A2Y Regional Chamber
2010 Hogback Road, Suite 4
Ann Arbor, MI 48105
Or email: Barbara@a2ychamber.org
Or fax: (734) 665-4191

If you do not qualify for a scholarship, but would still like to participate, payment plans can be arranged on a case-by-case basis.

Selection Criteria:

1. Scholarship applicants employed by a 501(c)3 non-profit will receive preference.
2. Scholarship applicants are required to submit a completed program application along with this application, as the information will be used to evaluate the request. If you do not receive a scholarship and cannot make the financial commitment, the application fee will not be refunded.
3. Recipient's applications must be received at the Chamber offices by **September 24, 2021**. Scholarship applications received after this date will not be eligible to receive a scholarship.

Final selection of applicants will be made by **October 1, 2021**. Scholarship recipients will be notified by email.

The balance of the tuition must be paid by the orientation session on **October 6, 2021**. If a scholarship recipient is unable to attend the program, the scholarship shall be given to an alternate individual chosen by the scholarship committee.

I understand and agree to the terms of scholarship selection and will abide by them.

Signature: _____ Date: _____

Print Name: _____

A2Y Leadership Scholarship Application 2021-22

Name/Title: _____

Organization: _____

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

Does your organization have another non-profit designation? Yes No
_____ Type

Does your organization have a budget for staff development? Yes No

If so, how much? \$_____

What level of scholarship assistance do you need? \$_____

What is your organization's annual budget? \$_____

Describe why you should be chosen to receive a scholarship for the Leadership A2Y program (use a separate sheet).

If you are not the CEO, please complete the section below with the CEO.

The applicant has my approval to apply for a scholarship for the Leadership A2Y program. If chosen as a recipient, he / she has my permission to participate:

CEO: _____ Date: _____

Applicant: _____ Date: _____