

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 Nonprofit Executive Leadership	☐ Certificate in Executive Philanthropy
Last Name:	First Name:Initial:
Home Address:	
City:	State: Zip:
Employer:	
Current Position/Title:	
Organization Address:	
City:	State: Zip:
Telephone: Day:Eve:	Cell:
Fax:Email: _	
If currently unemployed, state last position and date	es of employment and title.
	unity?
Schol	arship Request Information
☐ Individual Scholarship Request	
<ul> <li>Organization Scholarship Request on Behal</li> </ul>	f of an Individual
Agency Name:	
Agency Address:	
	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	

The number and amount of available scholarships is dependent upon number of applicants and the availability of funding.