



Scholarship Application Form

in Nonprofit Management

1. PERSONAL DATA:

Name _____

Address _____ Zip Code _____

Home Phone _____ Work Phone _____

You must be in need of financial assistance to pursue career enhancing professional development opportunities offered through UWM School of Continuing Education.

List below the name and address of the current employer:

Employment Verification:

Contact Person _____ Phone _____

2. EDUCATIONAL HISTORY:

Do you have a high school diploma or GED? Yes ____ No ____

College/University Dates of Attendance Degree Received

a. _____

b. _____

3. EMPLOYMENT HISTORY:

<u>Employer</u>	<u>Period of Employment</u>	<u>Job Title/Responsibilities</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

4. VOLUNTEER ACTIVITIES:

<u>Organization Name</u>	<u>Dates</u>	<u>List activities, honors received offices held, etc.</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. WORKSHOP PARTICIPATION:

Please list up to four workshops offered as part of the certificate program that you plan to attend for this quarter (see www.ProfDevNonprofitCert.uwm.edu for a list of current workshops offered):

<u>Workshop Title</u>	<u>Workshop Date</u>	<u>Workshop Program #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. FINANCIAL INFORMATION:

- a. Annual family income (combined income, if married): _____
- b. Size of family (include applicant, spouse & dependents): _____
- c. Have you previously received scholarship assistance from this program? Yes ___ No___

d. List the funds you will contribute or receive to pay the training/educational costs of the workshops you plan to attend from each of the following:

Personal Financial Resources: _____

Financial Support from Employer: _____

Other Training/Educational Assistance: _____

7. EMPLOYER'S INFORMATION:

a) Describe your employer's policy on reimbursement for employee training/educational costs, if any (you may attach a copy of your agency's reimbursement policy):

8. WORK REFERENCE:

List one work reference below.

_____/_____/_____
Name Address Phone Number

The Scholarship Awards Committee will use all information provided only for consideration of your application.

The Scholarship Awards Committee will notify you in writing of its decision.

I certify that all of the information on this application is correct and complete.

Signature

Date

Quarterly Scholarship Application DEADLINE (post marked by):

1st Quarter 2009: *February 28, 2010*

2nd Quarter 2009: *May 31, 2010*

3rd Quarter 2009: *August 31, 2010*

4th Quarter 2009: *November 30, 2010*

Send completed application to:

Shirley Bufford, MA, Program Director
UWM School of Continuing Education
161 W. Wisconsin Ave, Suite 6000
Milwaukee, WI 53203
Fax: (414) 227-3330

****This is a four-sided document; please complete information on the reverse side.***

