

**Application for Scholarship from Community Impact Council**

Name of Training/Workshop:

Date of Training:

Name of Applicant:

Name of Agency which employs the applicant:

Agency’s Mission or Applicant’s Goal for the training\*:

*\* if you are currently in transition, please indicate what you hope to gain from the training*

Applicant’s role in the agency:

Contact at Agency

* Name
* Email:
* Phone Number:

Is your agency a member of Community Impact Council?\*

*\* only CIC members may receive a scholarship from CIC*

Why are you requesting this scholarship?

How will this training/workshop benefit your organization?

Date submitted: