



# COMMUNITY FOUNDATION

of the

## TEXAS HILL COUNTRY

### Nonprofit Scholarship APPLICATION

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#### Organizational Information

- Organization Name:

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- Address:

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- Phone Number:

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- Website:

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- Tax ID Number:

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- Executive Director:

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- Training Recipient:

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- Training Recipient's Title:

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#### Scholarship Request

Please provide complete and detailed answers to the following questions. Please complete one application for each individual training recipient.

1. Briefly describe the proposed professional development opportunity.

2. How will this career development experience enhance your professional capabilities and further your organization's work in the community?

3. When will the training/event occur?

4. What is the total cost of the training, including travel, lodging, and other related expenses, if any? Please attach a budget detailing the expenses associated with the opportunity.

5. Please attach any additional information on the training/event.

**Nonprofit Scholarships are paid to the sponsoring organization, not to individuals.**

Agreed to by:

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Training Recipient

\_\_\_\_\_

Date

\_\_\_\_\_

Executive Director

\_\_\_\_\_

Date

*Applications must be submitted as email attachments to [ingrid@communityfoundation.net](mailto:ingrid@communityfoundation.net).*