*Expand your capacity to create the change you envision for yourself, your organization and your community.*

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**Application**

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact info:**

Phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information is used for group balance.**

Year of Birth: \_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sector: \_\_\_\_ Corporate \_\_\_\_ Non-Profit \_\_\_\_ Gov’t \_\_\_\_ Self-employed

Subsector/industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your personal and professional learning goals for this program.

**Scholarships:** The Mat-Su Health Foundation and United Way of Mat-Su are collaborating to offer scholarships to non-profit staff and board members based upon need and the desired community impact. Participants are expected to pay a minimum of $500 in order to qualify for the scholarships.Please indicate how much you feel you can pay \_\_\_\_\_\_\_\_\_\_\_\_. Any amount will help stretch the funds and provide scholarships to others.