

INDIVIDUAL PRELIMINARY SCHOLARSHIP APPLICATION FORM

GENERAL INSTRUCTIONS

- The application has two parts. Be sure to complete each part.
- Type OR legibly print all proposals (minimum 10 point font).
- Provide all of the information in the order listed.
- All questions relative to the request must be completed fully.
- Submit only one copy with numbered pages; do not bind or staple. Application may be saved as pdf and emailed to ginnie@sparrowsg.com.
- Do **not** include materials other than those specifically requested at this time.
- Scholarships for Sparrow Solutions Group courses and services only.

INDIVIDUAL SCHOLARSHIP APPLICATION FORM

PART ONE: SCHOLARSHIP AND PERSONAL INFORMATION

Scholarship Request

Total Amount Requested: Date Submitted:

Name of Course/Service for which Scholarship is Requested:

If interested in multiple courses, please list each on separate line: (Package discounts also available.)

Personal Information			
Name:			
Address:			
City:			
Phone Number:	Fax Number:		
Employment Information			
Current Company/Organization/Clinic			
Job Title:		Number of employees:	
Address:			
City:			

[Individual Preliminary Scholarship Application]

Education Institution:			Credentials earned:	
Dates attended:				
City:			ZIP:	
Institution:			Credentials earned:	
Dates attended:	Address:			
City:		State:	ZIP:	

PART TWO: SCHOLARSHIP PROPOSAL NARRATIVE

A. Basis for Course Selection:

Briefly describe the your need for the course, who will benefit from the course, how the course will help you fulfill your mission.

B. Funding Considerations: Describe plans for obtaining other funding needed to complete course(s)

C. Evaluation

Provide the following: (If unsure about any of the items requested, please indicate.)

- Briefly describe your evaluation process of the course and how the results will be used.
- Explain how you will measure the effectiveness of the course/service.
- Describe the criteria for success.
- Describe the results expected to be achieved by the end of the course.