



INDIVIDUAL SCHOLARSHIP APPLICATION FORM

GENERAL INSTRUCTIONS

- The application has three parts. Be sure to complete each part.
- Type OR legibly print all proposals (minimum 10 point).
- 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.

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PART ONE: SCHOLARSHIP AND PERSONAL INFORMATION

Scholarship Request

Total Amount Requested: \$ _____ Date Submitted: _____

Name of Course/Service Scholarship is Requested: _____

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

Personal Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Employment Information

Current Company/Organization/Clinic _____

Job Title: _____ Number of employees: _____

Address: _____

City: _____ State: _____ ZIP: _____

Previous Company/Organization/Clinic _____

Job Title: _____ Number of employees: _____

Address: _____

City: _____ State: _____ ZIP: _____

Previous Company/Organization/Clinic _____

Job Title: _____ Number of employees: _____

Address: _____

City: _____ State: _____ ZIP: _____

Education

Institution: _____ Credentials earned: _____

Dates attended: _____ Address: _____

City: _____ State: _____ ZIP: _____

Institution: _____ Credentials earned: _____

Dates attended: _____ Address: _____

City: _____ State: _____ ZIP: _____

PART TWO: SCHOLARSHIP PROPOSAL NARRATIVE

Please provide the following information in the order presented below, using the headings provided. Use no more than three pages; excluding attachments.

A. Personal Information and Background

Provide the following: (If you do not have any of the items requested, please indicate.)

- Mission or purpose statement
- Vision statement
- Core values
- Goals
- Personal history including success stories and qualifications
- Indicate evidence of need for an individual with your skills in your community

B. Basis for Course Selection

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

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.

D. Funding Considerations

- Describe plans for obtaining other funding needed to complete course(s).

**PART THREE:
EDUCATION PRIORITIES**

On a scale of 1-5 as indicated below, describe how you personally value your own education.

**Not Important
(Only because required)**

**Critical to Personal
Health and Development**

1

2

3

4

5

1. On a scale of 1-5, how important is training and education to you personally? _____

2. How much have you personally spent on your own education in the last three years?
INCLUDING conferences, webinars, other trainings. Include all expenses such as
travel, per diem, etc. _____

3. How much have others invested in your education in the last five years? _____

4. Additional comments, if desired.