



**SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:		Title:	
Employer:			
Employer address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		

**ORGANIZATION INFORMATION**

No. of Employees:	No. of Employees in Johnston County:		
Total budget allocated to Professional Development: \$			
Has anyone in your organization participated in Leadership Johnston?	Yes	No	If yes, how many?
Describe your organization's commitment to professional development:			

**YOUR PROFESSIONAL DEVELOPMENT**

Have you ever participated in a leadership program?	Yes	No
If yes, please describe.		
Could you still participate in Leadership Johnston if a scholarship were not awarded?	Yes	No

**YOUR CAREER GOALS**

What are your career goals?
Why do you feel you deserve this scholarship?

**STATEMENT OF UNDERSTANDING**

I understand that if I am selected to receive a Leadership Johnston scholarship, I must complete the program in its entirety as outlined in the program requirements. If I am unable to complete the program as outlined, the scholarship must be repaid. If I am awarded the scholarship and I am unable to participate, I will provide written notice no less than one week prior to orientation so that the Leadership Johnston Scholarship Committee may offer my scholarship funds to another qualified applicant.

Signature of Applicant:	Date:
Signature of Employer:	Date:

\*\* Additional support materials/documentation may be submitted along with this application, which can assist the Scholarship Committee in making its selection.

**Submit completed scholarship application with program application by July 31, 2017**