

## APPLICATION FOR SCHOLARSHIP: 2017 WORKPLACE SUMMIT

## **General Scholarship Guidelines:**

- 1. A scholarship consists of a complimentary registration to the Summit valued at \$1,800. No other funds are available and it is the responsibility of the applicant to meet travel and accommodation expenses.
- 2. The application deadline is June 30, however, we will review the applications on a rolling basis as soon as they are received.
- 3. An organization may only sponsor a single applicant.
- 4. No scholarship will be granted to any organization if more than one attendee from that organization is already registered for the Summit.
- 5. Successful applicants are encouraged to establish a line item within their organization/company budget, in order to plan for attendance at future summits.
- 6. Successful applicants are required to submit a written report to Out & Equal within 45 days of the end of the conference. Failure to do so will result in the applicant being barred from applying for scholarships in future.
- 7. Allocation of scholarships to requesting organizations that meet the above criteria will be determined by a review of a number of factors. Items to be considered will include, but are not limited to:
  - mission or goals of the organization,
  - size of the organization's budget,
  - prior attendance at Summit and/or engagement with Out & Equal
- 8. Applications must be submitted by email only.
- 9. The official language of the conference is ENGLISH.

## SCHOLARSHIP APPLICATION FORM

## Section 1: Organizational Information

O ' ' ' N			
Organization Name			
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Street Address			
01.0017100.000			
City	State	Country	Postal Code
City	State	Country	1 Ostal Code
Talanhana	Fax	Email	
Telephone	ГdХ	Eman	
NA/ 1 1			
Website			

Section	2:	Information	about the	individual	selected to	represent this	organization

Name (First, Last)		<del></del>		
Street Address				
	1			
City	State		Country	Postal Code
Talanhana	Ган		Facail	
Telephone	Fax		Email	
Age	Do you identify a	S	Do you indentify as a	Do you identity as
	Transgender? Ye		Person of color? Yes No	Bisexual? Yes No
* Please circle either "ye	I es' or "no". These answe	s are import	l tant in allowing us to meet ou	 ur goals for inclusion. Identificatio
does not guarantee suc	cess in the granting of sc	nolarships.	<u>-</u>	
tion 3: Other Organiza	ational Information (use	space belo	ow, or provide on a separa	ate page)
What are the major g	oals of the			
applicant organization	n?			
Who does the organi				
approximately how m				
were served in the pa				
Has anyone attended				
Workplace Summit in so, who and when?	the last 2 years? If			
	peen awarded in the			
Has any scholarship been awarded in the past 2 years? If so, please give details				
Has this Organization received or applied for other financial assistance to				
attend the Summit?				
Is there anything else we should know				
when considering this	s application?			
tion 4: Other Personal	Information (use space	e below, or	provide on a separate page	ge)
	· · · · · · · · · · · · · · · · · · ·			
What role do you hol	d in the Organization?			
Why do you want to a				
Workplace Summit?				
to gain? What do yo	<u>'</u>			
Are there any other re				
comments you wish to	o make or share?			
tion 5:				
tion 5:				
larations Personal:				
	inswered the questions	on this for	m to the best of my knowl	edge and belief and apply fo
a scholarship				
Name (Printed)				
Signature				
Jigilatule				
				_
Organizational Title				

	Date			
Org	ganizational:			
	I confirm that the above-signed individual is an active member of the Organization described and has the authority to represent our Organization. To the best of my knowledge and belief, all questions have been answered accurately. On behalf of my Organization, I support this application for a Scholarship.			
	Name (Printed)			
	Signature			
	Organizational Title			
	Date			

This form must be received by June 30, 2017 Email completed form to kjackson@outandequal.org