



**LEADERSHIP
CATTARAUGUS**
LIVE LEARN LEAD

Leadership Cattaraugus Scholarship Application

Name _____

Phone _____ Email _____

Address _____ City, State, Zip _____

Employer _____ Employer City _____

Please indicate type of organization you represent:

- Small Business
- Educational institution
- 501 (c) (3) organization; Type: (Arts, Human Services, Health Care, etc.) _____
- Other (please specify): _____
- Religious/ordained clergy
- Government agency

Does your organization employ fewer than 100 people? Yes No

LEADERSHIP

List your current and anticipated leadership positions within your organization and in any volunteer activities:

VOLUNTEERISM AND COMMUNITY SUSTAINABILITY

List any volunteer activities demonstrating your interest in building a better community:

AMOUNT REQUESTED

Partial scholarships to Leadership Cattaraugus will be offered. Scholarships will cover the lesser of 25% of the cost of tuition or \$400. The number of scholarships and size offered each year will be contingent upon availability of funding.

Amount of your request: \$ _____



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GOAL STATEMENT

In 200 or fewer words, explains why you want to participate in Leadership Cattaraugus and what this financial assistance would mean for you.

Please submit your scholarship application to foundation@cattfoundation.org by Jan. 31