



SCHOLARSHIP APPLICATION

By applying for a scholarship from Impact 100 East Bay, you acknowledge and agree to the following:

- I understand and agree to the scholarship terms defined above.
- I am prepared to make the full membership contribution the year after my scholarship ends and plan to budget the \$84 a month and/or take advantage of a payment plan.
- I will actively attend events and introduce members of your community to Impact100 East Bay.
- I will participate as a key committee contributor.
- A formalized Scholarship Agreement will occur at the time the scholarship is offered. If approved by the Board, I will commit to achieving the expectations outlined in this agreement.
- Scholarships are known only to the Board and the woman who is sponsored, unless I choose to waive confidentiality.
- All funds for my portion of the scholarship must be received by December 31st of any given year.

I understand the conditions outlined above. Please accept my application for an Impact 100 East Bay scholarship for _____ (grant year) membership:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Type of Scholarship: _____

I am applying for this scholarship because:

Please describe where you would like to contribute your time and talents, and any specific skills or experience in that area.

Printed Name _____ Date _____

Signature _____