**I am employed by a LeadingAge Ohio member and am applying for one of three LeadingAge Ohio Leadership Academy scholarships for $1,250.**

***\*Please print clearly; form may be filled out electronically but does require the signatures requested.***

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Job Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LeadingAge Ohio Member Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-mail (print legibly, please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of hire by member organization: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Have you been employed continuously by this organization since this date: Yes \_\_\_ No \_\_\_

If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you discussed support for this program with your employer? Yes \_\_\_ No \_\_\_

Have you discussed support for this program with local businesses? Yes \_\_\_ No \_\_\_

Each of the above may provide support; if they have not been considered, the scholarship application *may* be denied.

Please explain, *in attached documentation in 250 words or less total,* your answers to each of the following two questions: (1) how have you approached funding sources for this program? (for example, will your organization be paying for the program on your behalf? Will you be paying for the program yourself? Or, will the costs of the program be split between yourself and your employer? Do you have other grants/scholarships for this program?) AND, (2) how do you anticipate the Leadership Academy program will benefit you and your organization?

I have reviewed, understand and believe I meet the eligibility requirements for a LeadingAge Ohio Foundation Scholarship. I affirm that the information I have given is accurate and complete. I understand that in the event of deliberate misrepresentation or failure to attend the educational courses for reasons other than my own illness or that of an immediate family member, I will reimburse LeadingAge Ohio Foundation and I will be ineligible for future scholarships. LeadingAge Ohio Foundation and its board reserve the right to revoke scholarships for change of employment or for other circumstances impacting the applicant’s eligibility.

Signature of Applicant Title Date

Signature of Organization CEO/Executive Director Title Date

Please ensure that all information has been completed, including appropriate signatures. Incomplete applications will not be accepted.

**Applications must be received by November 2, 2018, with a copy of the academy application:
Mail to: LeadingAge Ohio Foundation
Attn: Leadership Academy Scholarship**

**2233 North Bank Drive, Columbus, OH 43220**

**E-mail: jtaylor@leadingageohio.org**

Applicants will be notified by November 18 as to whether they have been awarded a scholarship.

Questions about LeadingAge Ohio Foundation and the 2019 LeadingAge Ohio Leadership Academy should be addressed to Kathryn Brod at kbrod@leadingageohio.org or (614) 545-9014.

This application, along with additional information on the Foundation, Scholarship Program and Leadership Academy may be found at [www.LeadingAgeOhio.org](http://www.LeadingAgeOhio.org)