Impact100slc.org

WOMEN ARE STRONGER TOGETHER!

Impact100slc@gmail.com

Scholarship Application

APPLICANT INFORMATION:

Name: _____

Address: _____

City: _____State: _____ZIP: _____

Email: _____Phone: _____

Preferred method(s) of communication: ☐ Phone ☐ Email ☐ Text

APPLICATION QUESTIONS:

Please complete each section below. If you need additional space, you may attach an extra page.

1. Why are you interested in applying for an Impact 100 St. Lucie membership?

_____

_____

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_____

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_____

2. Please describe your work, education, and/or community service experience.

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3. How would your skills, talents, or experience enhance Impact 100 St. Lucie?

_____

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_____

PARTICTIPATION: Scholarship recipients are encouraged to take an active role in Impact 100 St. Lucie by volunteering on at least one committee, participating in a workgroup, and/or assisting at chapter

☐ Communication ☐ Development ☐ Events ☐ Grant Compliance

☐ Grant Review Process ☐ Membership ☐ Volunteer

REFERENCES:

Please attach two references who can support your application.

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APPLICANT AGREEMENT:

By submitting this application, I confirm that I have read, understand, and agree to comply with the requirements of this program, including participating in an interview with members of the scholarship committee.

I understand that I will have full membership privileges during the membership period.

Signature: _____ Date: _____

Please submit this completed application and two references to impact100slc@gmail.com or by mail to Janet Maffucci, 503 NW Serene Meadow Way, Port St. Lucie FL 34986.