

**COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.**  
**Nonprofit Scholarship Program**



The Nonprofit Scholarship Program was created to provide financial support to nonprofit staff and essential volunteers\* for selected continuing education courses offered through Wor-Wic Community College in an effort to continually improve the capacity and professionalism of nonprofit leaders on the Lower Eastern Shore (Somerset, Wicomico, and Worcester counties).

**Eligibility Criteria –**

**Organization.** To be eligible for a grant from this program, an organization must generally meet two fundamental criteria:

- (1) it must be a non-profit, tax exempt “public charity,” as defined in Section 501(c)3 of the Internal Revenue Code (a copy of the IRS letter confirming the organization’s 501 (c)3 status must be provided as part of the grant application), and
- (2) it must be physically located in one of the lower three counties of Maryland’s Eastern Shore: Worcester, Wicomico, or Somerset.

**Individual/Enrollee.** To be eligible for a scholarship, an individual must meet the following criteria:

- (1) you must be a current staff member or essential volunteer\* working directly with a non-profit, tax exempt “public charity,” as defined in Section 501(c)3 of the Internal Revenue Code,
- (2) you must be approved, in writing, by the Chief Executive Officer of the nonprofit organization you intend to represent.

**Primary Considerations.** Applications are considered on a first come, first served basis. Incomplete applications or applications without 501(c)3 letter will not be considered.

**Program Exclusions.** The Community Foundation will not provide scholarships for staff/volunteer of religious organizations or governmental agencies without 501(c)3 status. Staff members of the Community Foundation of the Eastern Shore are not eligible for this program and the Community Foundation may not serve as the sponsoring organization for any volunteers. Supporting organizations such as Foundations or Friends cannot sponsor an applicant working in a non-eligible division/department/office of an organization.

**Application Frequency.** Scholarships are limited to 5 per organization per academic year (July 1-June 30). Individuals may not receive more than 5 scholarships per academic year, regardless of what organization they are representing.

**Application Procedure.** All requests must utilize the attached form. Care should be taken to ensure that each item of the required information is provided fully, clearly and succinctly. Please allow up to ten (10) working days for your request to be processed. **PLEASE NOTE:** It is the applicant’s responsibility to allow sufficient time for processing the scholarship request prior to the course registration deadline. The Community Foundation is not liable for applications that are received at our office within 10 working days of the registration deadline. If approved, a voucher will be issued to present at registration. **THE COMMUNITY FOUNDATION WILL NOT REIMBURSE ORGANIZATIONS OR INDIVIDUALS.**

**Submission:** Please fax (410-742-6638) or mail (1324 Belmont Avenue, Suite 401, Salisbury, Maryland 21804) complete applications to the Program Officer’s attention. Notification of award or denial will be sent to the organization.

**Transferability:** Scholarships may not be applied to another course or used by another individual.

**\*Essential volunteers are those who are serving in a management, administrative or operational role critical to the organization’s ability to carry out its mission.**

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Nonprofit Scholarship Program

Date of Request \_\_\_\_\_

Enrollee Information

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Course Information

Course Title: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Course Code \_\_\_\_\_ Course Cost (tuition and fees only): \_\_\_\_\_

Briefly describe your primary responsibilities and how this training will benefit the organization (use back of this sheet if you need more space).

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature of Enrollee \_\_\_\_\_ Date \_\_\_\_\_

Your signature above authorizes Wor-Wic Community College to release any and all information pertaining to the course above to your employer/sponsoring nonprofit organization and the Community Foundation of the Eastern Shore, Inc.

Organization Information (PLEASE INCLUDE COPY OF 501(c)3 DESIGNATION)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Address (no P.O. Box) \_\_\_\_\_

I authorize the above volunteer/employee to apply for a scholarship through the Community Foundation for the course listed above. I understand that this will count toward the maximum 5 scholarships available to our organization this academic year and that if this person does not take the course than our organization may be responsible for reimbursing the Community Foundation for the amount of the scholarship awarded. I further agree that any publicity of this grant will recognize the Community Foundation of the Eastern Shore.

Authorized Signature (Executive Director)\* \_\_\_\_\_ Name (Please Print) \_\_\_\_\_

\*Board President must approve application if Executive Director is enrolling in the course.