2021 New Jersey Non-Profit Virtual Conference Scholarship Application

Organization Name: _____

Is your organization a 501(c)(3)? ☐ yes ☐ no *Must be a 501(c)(3) for scholarship consideration*

Address: _____

County: _____ Phone: _____ Website: _____

Organization operating budget: _____ Total Staff: _____ # of Vols: _____

First Attendee requesting consideration:

Name: _____ Title: _____

☐ Paid staff ☐ Board member ☐ Volunteer

Phone: _____ Email: _____

Second Attendee requesting consideration:

Name: _____ Title: _____

☐ Paid staff ☐ Board member ☐ Volunteer

Phone: _____ Email: _____

What is your reason for requesting this scholarship?

_____

Please note: *Scholarships are generally limited to two (2) per organization and must be approved in advance of conference. Scholarship recipients are required to register themselves after approval and must commit to attending the conference.*

Submit completed form:

Email: center@njnonprofits.org (strongly preferred)

Or mail to: Center for Non-Profits, 365 Quakerbridge Road, Suite 35, Mercerville, NJ 08619

Questions?

Email us: center@njnonprofits.org

The generosity of our sponsors has made this scholarship program possible.