

Philanthropy Center Member Scholarship Request Form

Please complete this form each time your organization requests a scholarship for a workshop. *ALL scholarships must be made three (3) days in advance of the workshop to be effective.* NOTE: Maximum scholarship per organization each year is \$500.

Checks should be made payable to Rollins College and mailed with this form to:

Rollins College Philanthropy & Nonprofit Leadership Center
 1000 Holt Ave. – 2755, Winter Park, FL 32789 • Phone: 407-975-6414
 FAX: 407-646-1944 • Email: pnlc@rollins.edu • Web Site: www.pnlc.rollins.edu

Name of Organization _____

Executive Director _____ Email: _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____ FAX _____

Our organization has a tax-exempt status as a 501(c)(3) organization _____ Yes _____ No

Our current annual operating budget** \$_____ Our training budget is \$_____

Our EIN # is _____ **Organizations that operate as a pass-through for funding may enter their current operating budget.

We request a Philanthropy Center Scholarship for the following (one registration per person):

Registrant's name _____ Registrant's Job Title _____

Registrant's Email _____

Workshop Title _____ Date _____

This Philanthropy Center Scholarship will help us:

Workshop Fee		\$ _____	
Scholarship Percentage	50% 25%	\$ _____	(Workshop Fee x Applicable %)
Organization's Percentage	50% 75%	\$ _____	(Amount due at this time)

Payment: Will Mail Check (Payable to Rollins College) Credit Card (Visa or MasterCard only)

Name on Card: _____

Card Number: _____

V-Code: _____ Verification Code. A 3-digit, non-embossed number found on the back of the card on the signature line panel after the credit card number, or near the embossed account number on front.

Expiration Date: _____ Signature: _____

Signed _____
 Executive Director _____ Date _____

*Cancellations must be received 3 working days prior to the event or no refund will be issued.
 No-shows will be billed for the full registration fee.*