**ARDATH M. CADE SCHOLARSHIP FOR EMERGING LEADERS**

ARUNDEL COMMUNITY DEVELOPMENT SERVICES, INC.

**APPLICATION INSTRUCTIONS**

ELIGIBILITY

Applicant must be employed by Arundel Community Development Services, Inc. (ACDS), be a member of the ACDS Board of Directors, or be a leader or emerging leader working in Anne Arundel and serving County communities.

AWARD GUIDELINES

1. Scholarship will be administered by an ACDS Committee consisting of three people including: (i) a member of the ACDS Board of Directors; (ii) the ACDS Executive Director or designee; and (iii) Scholarship Founder, Tara Clifford.
2. Training must be identified before applying for the scholarship; scholarship funds must be expended within one year of scholarship commitment.
3. Priority will be given to those applicants who plan to obtain certification and/or new credentials.
4. Scholarship may be used only to cover costs for the training/course and/or associated travel, if applicable, and is reimbursable according to the ACDS Training and Professional Development Policies and Procedures.
5. Award may not exceed $1,000. If total cost associated with course or certification is above $1,000 the applicant must indicate the source(s) they will use to cover the remaining costs.
6. Recipient must provide a brief written summary of the value gained through the professional development opportunity and may be asked to share their experience during meetings with funders.

**CHECKLIST TO BE FOLLOWED IN COMPLETING THE SCHOLARSHIP APPLICATION**

*(Please check each item below to guarantee all information is submitted)*

\_\_\_\_ Complete the application

\_\_\_\_ Prepare a separate narrative as follows: describe your position and provide two (2) examples of how the course will contribute to your serving ACDS’ and/or community’s client and to the achievement of ACDS (350 words or less).

\_\_\_\_ Attach a statement of recommendation from your immediate supervisor in support of your application (or in the case of community leaders, a statement of recommendation from a community reference).

\_\_\_\_ Submit all information with date by e-mail to ACDS Director of Finance and Administration, James Sylvester at ([jsylvester@acdsinc.org](mailto:jsylvester@acdsinc.org)), Attn.: AMC Scholarship.

\_\_\_\_ Applications will be considered on a rolling basis until the Fund allotment has been expended for that calendar year. Applicants should allow at least 4 weeks for consideration and approval.

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**APPLICATION**

1. Type all information
2. Submit by e-mail the application and all items on the checklist to ACDS, Inc., Attn.: Director of Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Deadline: Applications are considered on a rolling basis and reviewed at least annually.

**Personal Information**

**ACDS Employee or Board Member**

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| **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Position and Name of Department:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Telephone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **E-mail (Office):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Community Applicant**

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| **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Name of Neighborhood or Community Association:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Telephone (Home):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone (Mobile):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Course/Certification Information**  **Course of Interest, Online or Classroom, and Institution or Organization Providing:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **If Certification Sought, Identify Title and Accrediting Organization:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Estimated Date(s) of Course/Certification** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Estimated Course/Certification Costs:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_  **Estimated Additional Costs (Registration Fees and/or Travel):** $ \_\_\_\_\_\_\_\_\_\_\_\_\_  **Total Costs:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_  **Total Scholarship Request (Not to Exceed $1000):** $ \_\_\_\_\_\_\_\_\_\_\_\_\_    **If total costs exceed $1000, indicate below source(s) that will cover the remaining funds:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Endorsement**

I have reviewed the Application and support the individual’s request for a Scholarship.

ACDS Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_