**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 Erin Karpewicz, ACDS Policy and Development Coordinator, ekarpewicz@acdsinc.org, Subject: 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 Director of Finance and Administration, James Sylvester at (jsylvester@acdsinc.org) Attn.: AMC Scholarship
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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_