

NONPROFIT EXECUTIVE EDUCATION

Application Form

Please print and return this form by fax to 847-491-8525.

Name:			Informal Name:			
Position/Title:			_ Organization/Affiliation:			
Address: _						
City:			State:	Z	Cip:	
Telephone: Fax:		Fax:	Email:			
Emergenc	y Contact Person an	d Phone Number:				
Emergenc	y Contact Person Re	lationship:				
Industry:	☐ Arts/Culture ☐ Government	☐ Education ☐ Social Services		ent	☐ Healthcare/Services	
Annual Bu Employee Customer: Does your	s (FTE):s/Clients (#):s organization have 5	01(c)3 status? □ Ye	 es □No			
_	nformation: Date of Program:		Campus, Wiebold	dt Hall, 34	10 E. Superior St.	
Payment: The fee fo		is \$950.00. Payment mu	ust be received p	orior to th	ne program start date.	
Center for	Nonprofit Manager	g School of Managemer nent, Attn: Ilam Nikho N. Sheridan Rd., Room		IL 60208		

Cancellation policy:

Participants must notify the program manager 5 business days in advance of program if they are unable to attend. Otherwise, participants will be charged 20% of stated tuition.

If you are affiliated with a nonprofit organization and need financial assistance to attend our nonprofit management programs, please fill out the scholarship application form on page 2.

Scholarships

Scholarships of up to 50% will be made available to organizations that need financial assistance to attend these courses. However, tuition should not be a barrier to participation in the class, so exceptions will be made on an as needed basis. Each participant will need to apply for a scholarship.

Responses to the following questions may be attached to application form:

1. Wh	y will the program you selected be helpful to you and your organization at this point in time?				
2. Wh	at do you hope to learn from this program?				
3. Wh	at are your responsibilities within your organization?				
4. Wł	at is your educational background?				
Are you a graduate of Kellogg School of Management?					
Level of	scholarship requested (up to 50%) Rationale:				
Name o	f Chief Executive Officer/Board Chairperson:				
Title:					
My Chief Executive Officer/Board Chairperson knows I am applying for this program: \Box Yes \Box No					
Date:					

Your scholarship request will be reviewed and you will be notified by email upon approval. If you have specific questions about the programs, please contact Jennifer Paul at 847-491-8525 or j-paul@kellogg.northwestern.edu.