**$10,000 Graduate Leadership Scholarship for 2020**

**Applications due June 29, 2020**

The Providers’ Council is pleased to announce it is now accepting applications for the 2020 $10,000 **Graduate Leadership Scholarship.** The scholarship promotes the Council's ongoing objective of developing the sector’s leadership and workforce.

This scholarship is a one-time award of $10,000 for a Council member employee who is entering or is currently enrolled in a master’s degree program. Most accredited master’s programs are eligible, provided the applicant demonstrates in their personal statement how the program is clearly related to their future contributions to the human services sector.

The Providers’ Council is excited to extend this opportunity to our members’ eligible employees. They must have worked at their agency for at least one year and currently be working at least 30 hours a week. Additionally, the sponsoring agency of the selected candidate must be a Providers’ Council member in good standing. Applicants must also hold a bachelor's degree from an accredited college or university.

Applicants must complete the scholarship application form and essay, in addition to the relevant college’s application (see Application Components). The scholarship application should be e-mailed to Eliza Adams at [eadams@providers.org](mailto:eadams@providers.org) or mailed to the Providers’ Council, 100 Crossing Blvd., Suite 100, Framingham, MA 01702 by Monday, June 29. If you would like to complete this application electronically, our online application can be found [here.](https://cloud4good.tfaforms.net/388769)

**Graduate Leadership Scholarship**

***To support its ongoing objective of promoting and developing the human services sector’s workforce, the Providers’ Council is offering a*** *one-time scholarship that puts forth* ***$10,000*** *towards the cost of a m****aster’s degree program related to the human service field from an accredited Massachusetts college or university.*** *The sponsoring agency of the selected candidate must be a Providers’ Council member in good standing.*

**Candidate Requirements:**

* Be employees of a Providers’ Council member agency. They must have worked at their agency for at least one year and currently be working at least 30 hours a week.
* Hold a bachelor’s degree from an accredited college or university; candidates with a GPA above 3.0 will be most competitive
* If newly applying for graduate school, must show evidence of acceptance by an accredited *Massachusetts-based* graduate school, such as an acceptance letter.
* If applicant has already completed a portion of their graduate education, they must submit an official transcript from the accredited school in which they are currently enrolled, demonstrating the earning of credit grades in all courses officially graded by the time of application.
* Show through their resumes, personal statements and references a commitment to the human services sector.
* Must complete the Scholarship Application form and essay, in addition to the relevant college’s application. The Scholarship Application should be mailed, emailed or faxed to the Providers’ Council by June 29, 2020.

**Applications must include (may be submitted as attachments):**

* **Personal statement** 2-3 pages **(**double-spaced) on how graduate education will help you achieve your personal career goals and further contribute to human services.
* **Statement of financial need** on how this scholarship affects your ability to attend graduate school. Let us know about any financial circumstances you would like to share regarding your ability to continue your education.
* **Letter of acceptance** to a master’s degree program at a Massachusetts college or university, **or**
  + If the applicant has already been taking classes in a master’s degree program, an **official transcript** from the school where they are currently a student.
* **Official Transcript** from your undergraduate program.
* **Two letters of professional and/or academic recommendation.**
  + At least one letter of recommendation must come from the applicant’s supervisor discussing the candidate’s commitment to the field of human services, the contributions the candidate has made to their agency and the potential to assume a leadership position within the agency.
* **Signature of approval** from the agency’s executive director or CEO.
* **Resume.**
* **Complete applications must be submitted by June 29, 2020 to Eliza Adams at** [**eadams@providers.org**](mailto:eadams@providers.org)**, or mailed to the Providers’ Council, 100 Crossing Blvd., Suite 100, Framingham, MA 01702.**

**Graduate Leadership Scholarship**

### **SCHOLARSHIP APPLICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying for the **Providers’ Council Graduate Leadership Scholarship**, created to **support the Council’s ongoing objective of promoting and developing the human services sector’s workforce,** for the academic year beginning in September 2020. I understand that this scholarship is a one-time grant of **$10,000**, and will be provided as reimbursement upon successful completion of at least one year of graduate school. I understand the scholarship selection is based on merit as well as financial need. If selected for this scholarship, I will participate in an eligible master’s-level program to continue my career in human services. I will remain with my employer during the master’s program and one year following the completion of my degree. If selected, I agree to participate in marketing of the scholarship, including publication of photo, name and sharing my experience at Council events.

**Contact Information**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip code\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Supervisor Support (Electronic signatures acceptable)

As supervisor of the above-named applicant, I have attached a letter of recommendation outlining why I think this employee is an excellent candidate for this scholarship.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Head of Agency Support (Electronic signatures acceptable)

As President/CEO/Executive Director, I approve of this application for the above-named applicant to be considered for the Providers’ Council Scholarship. My agency is a member of Providers’ Council.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Statement of Financial Need

In an attached statement, please explain how this scholarship affects your ability to attend graduate school. Let us know any financial circumstances you would like to share with us regarding your ability to continue your education.

# Personal Statement

Please attach a 2-3 page essay on how graduate education will help you achieve your personal career goals and further contribute to human services.