



Providers' Council Collegiate Scholarship SCHOLARSHIP APPLICATION

I, _____, employed by _____, am applying for the **Providers' Council Collegiate Scholarship** for the academic year beginning in September 2025. I understand that this scholarship is a one-time award of **\$5,000** and will be applied towards the tuition of my undergraduate or graduate degree program. I understand that scholarship selection is based on merit and financial need. 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

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Email address: _____

Signature: _____ Date: _____

Supervisor Support (Electronic signatures acceptable)

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

Name: _____

Title: _____

Signature: _____ Date: _____

Head of Agency Support (Electronic signatures acceptable)

As President/CEO/Executive Director, I approve of this application to be considered for the Providers' Council Collegiate Scholarship, and my agency is a member of the Providers' Council.

Name: _____

Title: _____

Signature: _____ Date: _____