



Providers' Council's Foreign-Born Leader Scholarship SCHOLARSHIP APPLICATION

I, _____, employed by _____, am applying for the **Providers' Council's Foreign-Born Leader 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 a graduate degree program, and I understand the scholarship selection is based on merit as well as financial need. If selected, I agree to participate in the marketing of the scholarship, including publication of my 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's Foreign-Born Leader Scholarship, and my agency is a member of the Providers' Council.

Name: _____

Title: _____

Signature: _____ Date: _____