



## Class of 2017-2018

---

### Request for Tuition Assistance

LEADERSHIP MONROE Advisory Council and the Monroe County Chamber of Commerce recognize both the value of and the occasional difficulty in funding a participant for the LEADERSHIP MONROE Program.

With this in mind we are proud to offer, tuition scholarships, which will provide up to \$500 towards the \$1,500 cost to participate in LEADERSHIP MONROE. Tuition assistance will be credited to recipients' account upon successful completion of the program. Recipients who fail to complete all of the required course work or lapse from the program due to failure to abide by the attendance policy (as stipulated in the application and participation agreement), accept full responsibility for payment of tuition without exception.

**For our records please complete the enclosed application and mail to:**

LEADERSHIP MONROE  
c/o Monroe County Chamber of Commerce  
P.O. Box 626  
Monroe, MI 48161

### Recipient Information

---

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

By signing this request I acknowledge that I have read and fully understand the requirements and contingencies of this scholarship.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 2015

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

1. Is your business a Chamber member? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is your company a for-profit business? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are you an employee? \_\_\_\_\_ Are you self-employed? \_\_\_\_\_
4. If self-employed, how long? \_\_\_\_\_
5. If an employee, years with your present employer? \_\_\_\_\_
6. Are you subject to transfer to another city/state? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Is your employer paying your tuition? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Will you be responsible for any of your tuition? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. If yes, what amount/percent? \_\_\_\_\_
10. Is your participation in LEADERSHIP MONROE dependent upon financial assistance?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. If not selected for tuition assistance will you apply for next year's class? \_\_\_Yes \_\_\_No

Please offer your feelings as to why you should be considered for this scholarship:

---



---



---



---

-----

For LEADERSHIP MONROE Use Only

Application Received \_\_\_\_\_ Application Reviewed \_\_\_\_\_

Reviewers Initials \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_

Advisory Council Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Chamber Executive Director's Signature \_\_\_\_\_