

**The Peter and Elizabeth C. Tower Foundation  
Scholarship Application for Nonprofit Training**

**FALL 2009 MANAGING ORGANIZATIONAL CHANGE  
CERTIFICATE PROGRAM**

**ELIGIBILITY:** Scholarship decisions will be made by The Tower Foundation. Eligible individuals are *paid staff* of not-for-profit organizations located in Erie and Niagara Counties of New York State whose primary purpose is to improve academic outcomes in student populations birth through grade 8, or those whose service recipients are children and adolescents affected by mental illness, developmental disabilities, and/or substance abuse.

**\*\*\*RETURN BY AUGUST 20, 2009 for the Certificate Program or for all 4 workshops, and FOUR WEEKS prior to the start of each individual workshop (if you are *only* applying for an individual workshop). See the certificate program brochure for training details. Available on the website at [www.socialwork.buffalo.edu/conted](http://www.socialwork.buffalo.edu/conted)**

Please check to indicate which trainings you are applying for (select 3 for the full certificate program at \$600, all 4 workshops for \$750, or select individual workshops at \$225 each). You will be notified of the scholarship decision by University at Buffalo staff.

\_\_\_ 9/17 & 9/24/09      **Managing Organizational & Culture Change**

\_\_\_ 10/8 & 10/15/09      **Administrative Supervision**

\*10/22      ½ Day *Roundtable discussion*

\_\_\_ 11/5 & 11/12/09      **Strategic Planning & Community Relations**

\_\_\_ 12/3 & 12/10/09      **Conflict Resolution**

\*12/17      ½ Day *Roundtable discussion*

***Please complete this two page form and return along with your workshop registration form to:***

**LaMeyci Ledbetter, Project Coordinator, Institute for Nonprofit Agencies  
UB School of Social Work, Office of Continuing Education  
232 Parker Hall  
Buffalo, NY 14214-8004**

**Phone 716.829.3939 ext 162 Fax 716.829.3938 Email: [lmartin2@buffalo.edu](mailto:lmartin2@buffalo.edu)**

See page 2 for the rest of the application.

**PLEASE TYPE THE INFORMATION ON THIS FORM OR ON SEPARATE AGENCY LETTERHEAD.**

**1. EMPLOYEE NAME AND TITLE:** (list below the name and job title of the employee you would like to apply for a scholarship for the certificate program or for an individual workshop. **NOTE: ONLY ONE PERSON PER WORKSHOP OR CERTIFICATE PROGRAM IS ELIGIBLE TO APPLY FOR A SCHOLARSHIP.**)

**2. Explain the reason why your agency is in need of a scholarship for training:**

**3. Explain the population served and services provided by your agency:**

**4. Explain how you will use the knowledge you gain from attending the workshops.**

**5. Scholarship requests must be signed by the organization's Executive Director/CEO.**

**Print Name:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**