

Request for Tuition Assistance

LEADERSHIP MONROE Advisory Council and the Monroe County Business Alliance 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 \$1,995 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 responsibility for full payment of tuition without exception.

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

LEADERSHIP MONROE c/o Monroe County Business Alliance 9 Washington Street Monroe, MI 48161

Recipient Information

Name:		
Title:		
Business Name:		
Address:		
Business Address:		
Home Phone: ()	Work Phone: ()
Fax: ()	Cellular:()	
By signing this request I acknowledge th requirements and contingencies of this s	,	understand the
Signed on this	day of	20
Signature of applicant	Date	€

1. Is your business a Chamber mer	nber?	Yes	No
2. Is your company a for-profit busi	ness?	Yes	No
3. Are you an employee?	Are you	ı self-employed'	?
4. If self-employed, how long?			
5. If an employee, years with your p	present employer?		
6. Are you subject to transfer to and	other city/state?	Yes	No
7. Is your employer paying your tuit	ion? Yes _	No	
8. Will you be responsible for any o	f your tuition?	Yes	_ No
9. If yes, what amount/percent?			
11. If not selected for tuition assistance will Please offer your feelings as to why			
For LEADE			
	RSHIP MONROE	Use Only	
Application Received		·	
	Application	Reviewed	
Application Received Reviewers Initials Advisory Council Chair Signature	Application	Reviewed Declined	