



Charles Ingman Scholarship Application

PERSONAL INFORMATION

Name: _____

Address: _____

Phone Numbers:

Home: _____

Business: _____

Cell: _____

PROFESSIONAL INFORMATION

Occupation/Title: _____ Employer: _____

Primary Duties/Responsibilities _____

Number of Employees at Employer: _____

My Employer is: For Profit Not for Profit Government

SHORT ANSWER

Please answer the following questions:

1. Have you ever enrolled in a leadership program? If so, please provide the name and location of the program, the dates you were enrolled, what you learned in the program, and in what ways you have applied what you learned, both personally and professionally.
2. Will you still enroll in the leadership institute program if you do not receive this scholarship? If not please state the reason.
3. Will your employer pay for all or part of your tuition for the leadership institute program?
4. Will your employer support your enrollment in the leadership institute program and the absences from the workplace it will require?
5. Do you intend to live and work in Greater Mankato for the next five years?
6. Please describe your community involvement in Greater Mankato.
7. Please provide two personal or professional letters of reference.
8. Please provide a brief statement with any additional information that will enable the selection committee to better evaluate your qualifications and need for this scholarship.



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CERTIFICATION OF APPLICANT

I certify that the information provided on this application is complete and correct to the best of my knowledge. I further certify that if I am chosen as a scholarship recipient, I will use the funds I receive only for the tuition of the leadership institute program identified in this Application and for no other purpose.

Name of Applicant (please print)

Title

Signature of Applicant