

**Brushy Fork
Annual Institute
September 16-18, 2009**

**Diversity Initiative Scholarship
Application Form**

Please print clearly or type.

Contact Information

Organization: _____

Mailing Address: _____

Address Line 2: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Scholarship Request: (\$150 fee and \$300 scholarship)

Name: _____

Role In Organization: _____

Race (check as appropriate)

- African America/Black
- Hispanic/Latino
- Native American
- Other: _____(Please specify.)

_____ I have attached a completed registration form. (Please check.)

If granted scholarship funds, I commit to participate fully In the Annual Institute.

Signature: _____

**Diversity Initiative
Scholarship Criteria**

Purpose:

To increase racial diversity among participants at the 2009 Brushy Fork Annual Institute.

Organizational Scholarships:

The full registration fee for the 2009 Annual Institute is \$450.00. An organization is eligible for up to two scholarships. The organization pays \$150.00 per representative and receives a \$300.00 scholarship per representative.

Scholarships are for people of color who work for a qualifying organization. Qualifying organizations in the Appalachian region include schools, government, nonprofits and informal community based-groups. Preference will be given to organizations serving the interests of people of color in the Appalachian region.

To be considered, all scholarship applications must be completed in full, including all signatures.

2009 Diversity Initiative Scholarships are made possible by the Mary Reynolds Babcock Foundation and NeighborWorks Rural Initiative.

Application deadline:

July 24, 2009

Scholarship Request for Second Representative

My organization is requesting a scholarship for a second representative (\$150 fee and \$300 scholarship)

Name: _____

Role In Organization: _____

Race (check as appropriate)

- African America/Black
- Hispanic/Latino
- Native American
- Other: _____(Please specify.)

_____ I have attached a completed registration form. (Please check.)

If granted scholarship funds, I commit to participate fully In the Annual Institute.

Signature: _____

More About Your Organization

Please briefly explain what your organization does.

Please mail the completed scholarship form along with completed registration form(s) by July 24, 2009 to:

Jane Higgins
Brushy Fork Institute
CPO 2164, Berea College
Berea, KY 40404
Phone: 859-985-3858
Fax: 859-985-3903
www.brushyfork.org

Scholarship applications will be reviewed as they are received and applicants will be notified as soon as possible. Because a limited amount of scholarship funding is available, any applications received once the scholarship funds are all committed will be placed on a waiting list in the event of cancellations.

Please contact Jane Higgins if you have any questions at 859-985-3858 or by e-mail higginsj@berea.edu.