Kellogg School of Management | Center for Nonprofit Management

NONPROFIT EXECUTIVE EDUCATION

Application Form

Please print and return this form by fax to **847-491-8525**.

Name: _____ Informal Name: _____

Position/Title: _____ Organization/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Emergency Contact Person and Phone Number: _____

Emergency Contact Person Relationship: _____

Industry: ☐ Arts/Culture ☐ Education ☐ Environment ☐ Healthcare/Services
☐ Government ☐ Social Services ☐ Other

Size of Organization:
Annual Budget ($): _____
Employees (FTE): _____
Customers/Clients (#): _____
Does your organization have 501(c)3 status? ☐ Yes ☐ No
If no, what status do you have? _____

Program Information:
Title and Date of Program: _____
Location: Chicago Campus, Wieboldt Hall, 340 E. Superior St.

Payment:
The fee for a 2 ½ day program is $950.00. Payment must be received prior to the program start date.

Make check payable to: Kellogg School of Management
Center for Nonprofit Management, Attn: Ilam Nikho
Donald P. Jacobs Center, 2001 N. Sheridan Rd., Room 4233, Evanston, IL 60208

Cancellation policy:
Participants must notify the program manager 5 business days in advance of program if they are unable to attend. Otherwise, participants will be charged 20% of stated tuition.

If you are affiliated with a nonprofit organization and need financial assistance to attend our nonprofit management programs, please fill out the scholarship application form on page 2.

Scholarships

Scholarships of up to 50% will be made available to organizations that need financial assistance to attend these courses. However, tuition should not be a barrier to participation in the class, so exceptions will be made on an as needed basis. Each participant will need to apply for a scholarship.

Responses to the following questions may be attached to application form:

1. **Why will the program you selected be helpful to you and your organization at this point in time?**

2. **What do you hope to learn from this program?**

3. **What are your responsibilities within your organization?**

4. **What is your educational background?**

Are you a graduate of Kellogg School of Management? ☐Yes ☐No

Level of scholarship requested (up to 50%) _____. Rationale:

Name of Chief Executive Officer/Board Chairperson: _____

Title: _____

My Chief Executive Officer/Board Chairperson knows I am applying for this program: ☐Yes ☐No

Date: _____

Your scholarship request will be reviewed and you will be notified by email upon approval. If you have specific questions about the programs, please contact Jennifer Paul at 847-491-8525 or j-paul@kellogg.northwestern.edu.