

ADO CONFERENCE DAY SCHOLARSHIP APPLICATION FORM

Submission Deadline: Tuesday, March 18, 2008

This form should be printed out, completed and then mailed to Neil Granstrand, Director of Advancement, Sisters of the Divine Compassion, 52 No. Broadway, White Plains, NY 10603. If you have any questions, contact Neil at 914-949-5169 or Beryl at 914-997-6700 ext. 752.

Applicant name: _____

Applicant Title: _____

Name of organization: _____

Address, City, State and Zip: _____

Phone: _____ E-Mail: _____

Organization's website: _____

Background Information:

Years in the profession: _____

Years responsible for fundraising with present employer: _____

Verification of 501c3 Status - please enclose.

ADO member: _____yes _____ no

Organizational Information:

Annual budget of your organization: _____

Annual development budget: _____

Name of supervisor or Board President: _____

Supervisor's or Board President's phone number: _____

Supervisor's signature: _____

Applicant's signature and date: _____