

**2019 LEADERSHIP THUNDER BAY TUITION SUPPLEMENT APPLICATION**

**All applications are due by May 31, 2019**

This tuition supplement is meant only for those accepted to the Leadership Thunder Bay Program for the 2019/2020 educational year. Please note that incomplete applications will not be reviewed by.

The number of tuition supplements awarded is dependent on available funds to the organization; there is no guarantee that an application will be successful. Therefore, offers of partial coverage may occur or acknowledgment of requests that we are unable to fulfill for the fiscal year. No supplements awarded will exceed the amount of $1350.00 and only one will be awarded to organizations with one or more participant.

**Name**: (FIRST) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LAST) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province**: \_\_\_\_\_\_\_\_\_\_ **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL**

1. Has your workplace received a tuition supplement in the last 2 years? Yes □ No □
2. What is your organization’s annual budget for YOUR professional development?

No budget □ $1 to $499 □ $500 to $1000 □ More than $1000 □

1. What is your annual income?
 Less than $30,000 □ $31, 000 - $40,000 □ $41,000 to $50,000 □ More than $50,000 □
2. How much of a supplement are you requesting?
 $500 □ $750 □ $1000 □ $1350 □
3. Does the success of this application dictate your ability to participate in the program? Yes □ No □
4. If partial funds are available, would you or your employer, be willing to pay the remaining balance to ensure full tuition payment? Yes □ No □
5. Payment plans are available to participants; would that be a viable option for you? Yes □ No □
6. Tbaytel sponsors a supplement for a person in the program who works with or identifies as Indigenous person(s). Do you work with or identify as an Indigenous person(s)? Yes □ No □

**PERSONAL**

Please provide us with a brief written statement that will further outline the following:
 - How this tuition supplement will support you in your current position, career and leadership goals?
 - Your personal motivation for participating in the Leadership Thunder Bay Program.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature gives the Tuition Supplement Committee permission to verify the accuracy of the information on this application. All applications will be rated on a predetermined scale. The name and employer of the applicant will be withheld from the committee during the rating to ensure complete fairness and objectivity.

***All applicants will be notified by August 15, 2019***

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| ***Return Completed Application by May 31, 2019 to:*** info@leadershiptb.com\*PREFERRED METHOD OF SUBMISSION | ***Or by mail by May 31, 2019 to:***Leadership Thunder BayAttention: Bursary CommitteeP. O. Box 28003, Thunder Bay, ON P7E 6R5Fax: 807-577-4837 |

**For Committee Use Only**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Notified (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_