

**Shiawassee Nonprofit Capacity Building Program
Training Scholarship Request
2011**



Nonprofit Organization: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Training Outcomes

Title of training: _____ Date of Training: _____

Person(s) attending: _____

Cost per person: _____ Total amount of request: _____

*** please contact Cook Family Foundation in advance to discuss any scholarship request exceeding \$50/person*

Please describe the nature of this training (or attach a published description):

Please describe the effect this training will have on your work:

Return completed form to:

Robin Lynn Grinnell, Cook Family Foundation

Email: robin@cookfamilyfoundation.org

Fax: 989-936-5910

Mail: PO Box 278, Owosso, MI 48867

