

Tuition Technical Assistance Request 2021

Foundations Community Partnership

Candidate Information

Candidate's Program Interest*

Please indicate whether your candidate will be seeking to complete the Certificate in Nonprofit Management or the Master of Science in Nonprofit Leadership.

Choices

Certificate in Nonprofit Management

Master of Science in Nonprofit Leadership

Recommended Candidate Name*

Character Limit: 100

Candidate's Current Title*

Character Limit: 100

Number of Years with the Organization*

Character Limit: 10

Candidate's Resume*

Please upload proposed Candidate's current resume.

File Size Limit: 5 MB

Candidate Qualifications*

Please describe the Candidate's qualifications for the program.

Character Limit: 1000

Reasons for Selection*

What are the Organizations's reasons/rationale for selecting this candidate?

Character Limit: 1000

Future Assessment

Although not required by FCP, what is the Organizations' assessment of the Candidate's continued employment within the Organization?

Character Limit: 1000

Organization Status

Year Founded*

What year was your organization founded?

Character Limit: 4

Approximately how many Bucks County Residents does your Organization Serve?*

Character Limit: 6

IRS Determination*

501(c)(3) upload*

Note: Please verify that your organization is exempt under Section 501(c)(3), charitable organizations, and classified in Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code by uploading your most recent IRS determination letter.

*If you **do not** have this file available in electronic format, you can easily upload it using a regular fax machine. Please refer to "Fax to File" information in navigation bar at left.*

File Size Limit: 5 MB

Electronic Signature

Signature*

Enter your full name, job title, and the date of LOI submission (*e.g., Anne Smith, Executive Director, 1 June 2009*).

Character Limit: 100

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this LOI are true and correct to the best of your knowledge and belief.*

Choices

I Agree

I Do Not Agree

Tuition Technical Assistance Request 2021

Foundations Community Partnership

Candidate Information

Program Sought*

Choices

Certificate in Nonprofit Management

Master of Science in Nonprofit Leadership

Recommended Candidate Name*

Character Limit: 100

Organization Information

Program Area*

Please identify the program area that best fits the Organization (click on down arrow to see all options).

Choices

Education

Vocational

Behavioral Health Program

Family Services

Housing Support

Capacity Building

Building Improvement

Capital Campaign

Emergency Services

Summer Camp

Other

Target Population Served*

Please identify the primary population your Organization serves. (Click down arrow to see all options.)

Choices

Infants/Toddlers

Children

Adolescents

Young Adults

Families with Children

Other

If you selected "Other" above, please describe your primary population served.

Character Limit: 250

Geographic Area Served*

Please identify where in Bucks County the Organization's programs and/or services are delivered by selecting from the drop down menu below (click on down arrow to see all options).

Choices

Lower Bucks County
Central Bucks County
Upper Bucks County
Multi-Site Bucks County

For Master's Program Candidates Only

Candidate Transcript

Please upload the Candidate's undergraduate transcript.

File Size Limit: 5 MB

Acceptance Letter

Please upload Candidate's acceptance letter from LaSalle University.

File Size Limit: 5 MB

Electronic Signature

Enter your full name, job title, and the date of application submission (e.g., Anne Smith, Executive Director, June 1, 2009).

Signature*

Character Limit: 100

Confirmation*

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

Choices

I Agree.
I Do Not Agree.