

LEADERSHIP RICHARDSON TUITION ASSISTANCE REQUEST FORM

The purpose of the Richardson Chamber of Commerce's Leadership Richardson tuition assistance fund is to provide need-based financial assistance to qualified applicants to help cover a portion of the cost of the LR tuition. Tuition assistance from the Chamber's funds will be awarded based upon the recipient's demonstrated financial need and the potential for community leadership. The financial need criteria will be based on whether the assistance will make it practical for the applicant to participate in the program.

Tuition for Leadership Richardson is payable by August 26, 2016. The applicant is responsible for obtaining from, their employer, sponsor or some other source not less than 50% of the tuition amount. If accepted into Leadership Richardson, applicants requesting tuition assistance will be informed of the status of their request at the time of their acceptance. For consideration of tuition assistance, this form must be submitted with the application.

Name of Applicant: _____
Your sponsor is:
<input type="checkbox"/> Self
<input type="checkbox"/> Employer (provide name) _____
<input type="checkbox"/> Other (provide names) _____

TUITION ASSISTANCE REQUEST: Please complete the following financial statement.

Leadership Richardson Tuition	\$ _____	
1) Less Sponsor Contribution	_____	Paid by: <input type="checkbox"/> Employer <input type="checkbox"/> Self <input type="checkbox"/> Other
Balance Remaining	\$ _____	
2) Less Other Contributions	_____	Paid by: <input type="checkbox"/> Employer <input type="checkbox"/> Self <input type="checkbox"/> Other
Balance Remaining	\$ _____	
3) Amount of tuition assistance requested*	\$ _____	
* Applicants must minimally provide not less than 50% of the overall cost of tuition to be paid by the employer, sponsor, applicant or any other source.		

GENERAL INFORMATION:

Are you employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed
If employed, have you discussed with your employer the feasibility of full or partial payment of the Leadership Richardson tuition by the company? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Is your spouse employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Not applicable
Does your family have other sources of income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type(s) of sources: _____
If you are not awarded the full amount of the scholarship requested, would this affect your ability to participate in Leadership Richardson: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUE TO NEXT PAGE

For Office Use Only: Amount Awarded: \$ _____ By: _____ Date: _____

Name of Applicant: _____

In the space provided, please state the reasons for requesting the tuition assistance amount noted.

“Save as” with name of applicant in file name. Attach to application or click below to submit.

By submitting this form, you acknowledge and agree that you will repay the full amount of any tuition assistance received within 30 days of withdrawal should you fail to graduate from the program.

[CLICK TO SUBMIT RECOMMENDATION BY EMAIL](#)