



Hall County Leadership Unlimited, Inc.

*Leadership Tomorrow  
Scholarship Application*

<i>Applicant's Name</i>

<i>Street Address</i>

<i>City</i>	<i>State</i>	<i>Zip</i>

<i>Phone</i>

*Are you needing a: \_\_\_\_\_ Full Scholarship \_\_\_\_\_ Partial Scholarship*

*What portion of the \$425.00 fee (\$340 for class fee and \$85 meal fee for full day sessions) are you or your company able to contribute? \_\_\_\_\_*

*If applicable, did you approach your employer about paying the class fee? \_\_\_\_\_*

*Please describe why you are requesting a scholarship?*

<i>Applicant's Signature</i>	<i>Date</i>

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*Amount Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_*