Impact100 Newport County

IMPACT MEMBERSHIP SCHOLARSHIP FUND APPLICATION FORM

PART 1: Applicant Information

Date:	
Name:	
Street Address:	
City, State, Zip	
Email Address:	
Phone:	

Have you ever been a member of Impact100 Newport County? No ____ Yes ____
How did you hear about Impact100 Newport County and the Impact Membership Scholarship Fund?

_____

_____

PART 2: Applicant Eligibility

Please check each:

☐ I am a woman 18 years of age or older
☐ I live, work, or have meaningful ties to Newport County
☐ I am not currently a member of Impact100 Newport County
☐ As a Membership Scholarship Fund recipient, I am willing to contribute my time by serving on a focus area, membership, or events committee, or otherwise contributing time and talents to the success and mission of our organization.

PART 3: About You:

Please be sure to complete all questions/requests. If you require additional space for your responses, attach an additional page.

WHAT INSPIRED YOU TO APPLY FOR IMPACT MEMBERSHIP SCHOLARSHIP FUNDS?
TELL US ABOUT YOUR INVOLVEMENT WITH CIVIC OR COMMUNITY SERVICE ORGANIZATIONS.
HOW WOULD YOU LIKE TO PARTICIPATE (FOR EXAMPLE, GRANT REVIEW, COMMITTEE SERVICE, OUTREACH)?
WHAT SKILLS, TALENTS, OR EXPERIENCE WOULD YOU BRING TO THE ORGANIZATION?
HAVE YOU PREVIOUSLY APPLIED FOR OR RECEIVED MEMBERSHIP SCHOLARSHIP FUNDS? YES ☐ NO ☐ IF YES, WHICH YEAR? _____

PART 4: Access

⬚ I confirm that a full $1,000 membership donation would be a barrier to my joining Impact100 Newport County at this time.

PART 5: Your Contribution

⬚ I can meet the $150.00 fee requirement.

⬚ I understand I may pay by Check or Credit Card within two weeks of notification of my acceptance for the Membership Scholarship Fund.

⬚ I would like to discuss a payment plan (a member of the Membership Scholarship Fund Committee will follow up privately).

PART 6: Acknowledgements (initial each)

⬚ I understand this is a *one year membership match* and renewal requires a new application or my own renewal payment.

⬚ I understand I have equal standing with all members of Impact100 Newport County.

⬚ I understand my application will be kept confidential and shared only with the Membership Scholarship Fund Committee.

⬚ I agree to familiarize myself with the new member packet.

⬚ The information in the application is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Scholarship Funds are distributed from January 1 through December 31 until all available funds are fully allocated. Each Scholarship Fund recipient is eligible to participate in the annual Grant Awards voting process for the following fiscal year (January 1 - December 31). You will be contacted by the Membership Scholarship Fund committee within 2 weeks of receipt.

Email this completed application to governancechair@Impact100NewportCounty.org or mail to:

Governance Chair
Impact100 Newport County
P.O. Box 2663
Newport, Rhode Island 02840

Questions? Contact Anne Thompson at governancechair@Impact100NewportCounty.org