



2026-27 Tuition Assistance Request

Personal Information:

Full Name: _____

Email Address: _____

Phone Number: _____

Company: _____

Financial Need Statement*:

1. Briefly describe your current financial situation and the factors that contribute to your need for financial assistance to attend the leadership program (250 words max).

2. Have you applied for financial aid or scholarships before? If yes, please describe your experience and outcomes (250 words max).

Leadership FAYETTE

Engaging Leaders...Connecting Community

Agreement:

By submitting this application, I affirm that the information provided is accurate and true to the best of my knowledge. I understand that this scholarship is based on financial need as determined by Chamber staff after review of the submitted documentation and may cover all or part of the 2026-27 Leadership Fayette tuition. I agree to pay the balance after any awarded amount is applied in a timely manner as agreed upon with the Fayette Chamber of Commerce. I also understand that scholarship funds may or may not be available.

Signature: _____ Date: _____

***Please note: all information disclosed will be kept in confidence.**
