**Leadership Columbus Tuition Assistance Form**

All questions are required. Please indicate N/A if not applicable.

Please include the completed Tuition Assistance Form with your program enrollment. Tuition assistance requests are accepted on a first-come, first-serve basis, based on program enrollment date, and close with program enrollment on October 31.

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| **Participant Information** |
| Name |  |
| Title |  |
| Email |  |
| Leadership Columbus Program *(Select)* | Signature ProgramNxGen ProgramExecutive Edge Program |

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| **Supervisor Information** |
| Supervisor Name |  |
| Supervisor Title |  |
| Supervisor Email |  |

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| **Organization Information** |
| Organization Name |  |
| Organization Type *(Select)* | Non-ProfitGovernment/State AgencyFor-Profit CompanySmall BusinessSelf-Employed |
| Annual Revenue |  |
| Annual Expenses |  |
| Number of Employees |  |
| Budget for Professional Development |  |

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| Are there any other extenuating circumstances you’d like share regarding you or your organization’s ability to pay full program tuition? |
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