



Yvorra Leadership Development Foundation

Scholarship Award Application

Instructions:

Please fill out this application using any document/word processing software. Simply type in the spaces provided. We suggest that you type out the longer answers, spell check everything, and then paste the text into the form. You may also print this form and fill it out by hand. Add additional pages as needed.

There are two ways to submit your completed application, including the three recommendations:

1. **PREFERRED** - save your application as a PDF and attach it to an email to yld@chesapeake.net. Write **APPLICATION** in the email subject line. **IMPORTANT:** We can only accept applications saved as PDFs. Do not attach .doc or .docx files. These will be returned.

2. Send a hard copy to:

Mr. Michael S. Hildebrand,
President Yvorra Leadership Development Foundation
2446 Azalea Road
Port Republic, MD 20676
443-968-0862 (telephone)

Please use this full address. We accept applications sent by USPS, Federal Express, UPS, DHL, and other delivery services. Applications are not complete unless they include the required three letters of recommendation. Instructions for recommenders are provided on this application form.

Applications, including the three recommendations, must be received by October 30.

You may send your application at any time prior to the deadline. The letters of recommendation may be submitted with your application or sent separately at any time as long as they are received by the October 30th deadline.

Information to be Filled Out by Applicant

Please note that, if accepted, this information may be shared with others.

Name of Applicant:

Title or Position:

Organization:

Office Address:

Telephone (Office):

Email address:

Telephone (Home):

Home Address:

Formal Education

(Please include management training courses)

School or institution:

Degree or Program Title:

Date:

Employment

Please provide a brief employment history in reverse chronological order, starting with your current position. If all work has been in the same organization, please list major promotions.

Name of Organization: Title or Position: Dates: from-to

Describe your organization fully:

Describe your specific duties and responsibilities within the organization:

Brief Essay Questions

Instructions: The Awards Committee encourages and appreciates concise responses.

1. Describe your most substantial professional achievement and explain why you view it as such.

2. What goals do you expect to realize by receiving the Yvorra Leadership Development Foundation Scholarship and how might achieving those goals enhance your career?

3. Describe your philosophy of leadership and how your receiving the YLD Scholarship would enhance the overall management and operation of your organization.

Professional Recommendations

Dear Madame or Sir: Please fill out this recommendation form using any document/word processing software. You may also print this form and fill it out by hand. Add additional pages as needed. You may use your own letterhead, as long as the information and questions on this form are addressed.

When you have completed your recommendation, we prefer that you return it to the applicant (who will attach it to his or her application).

If you wish to send your recommendation apart from the applicant, you may send a hard copy to:

Mr. Michael S. Hildebrand, President
Yvorra Leadership Development Foundation
2446 Azalea Road
Port Republic, MD 20676
443-968-0862 (telephone)

Please use this full address. We accept applications sent by USPS, Federal Express, UPS, DHL, and other delivery services.

For your convenience, you may also email your recommendation. Save your letter of recommendation as a PDF and attach it to an email to yld@chesapeake.net. Write APPLICATION in the email subject line. IMPORTANT: We can only accept applications saved as PDFs. Do not attach .doc or .docx files. These will be returned.

Recommendations must be received by October 30.

NOTE TO APPLICANTS: Three recommendations are necessary. Copy this page as needed.

Questions for the Professional Recommendations

Name of Recommender:

Title:

Address:

Telephone:

Signature (or your email address):

Name of Applicant:

1. How long, and in what capacity, have you known the applicant?

2. Please comment on the candidate's work record, professional and leadership potential, and personal qualities.

3. Why do you believe that this candidate should be awarded the Yvorra Leadership Development Foundation Scholarship?