

**COOPERATIVE DEVELOPMENT
MSC Fund – Scholarship Application (Organization)**

ORGANIZATION INFORMATION

1. Organization Name:

2. Contact Name:

3. Have you ever received a grant from the Mutual Service Fund/MSI Foundation?

Yes No **If yes, when? For what?**

4. Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

E-Mail: _____ **Website:** _____

What kind of organization are you? (e.g. Food Co-op)

5. Has your organization been classified as a Section 501(c)(3) organization? Yes No

If yes, has it also been classified as

_____ **(a) a publicly supported organization described in Section 509(a)(1), 509(a)(2), or 509(a)(3)**

Yes No

_____ **(b) as not being a private foundation?**

Yes No

If you are not a 501(c)(3), please identify your fiscal agent _____

FUNDING REQUEST OVERVIEW

6. Amount Requested: \$ _____ **Needed By (date):** _____

7. Please indicate the number of individuals for whom you are requesting scholarships:

Recipient Name	Position or Role at Cooperative
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8. Type of Request: Workshop Conference Course Other (please identify)

9. Conference/Workshop/Course Start Date: _____ **Completion Date:** _____

10. Workshop, Conference or Course Title:

11. Purpose of Training (Workshop, Conference or Course Description)

12. Please identify the learning objectives of each potential scholarship recipient: (Attach additional pages as needed)

13. Please describe how each scholarship recipient plans to apply the skills or knowledge they learned to your organization. (Attach additional pages as needed)

14. How will the organization benefit from recipients' attendance at this conference or workshop?

15. Please indicate how you believe participation in this training will further your organization's mission or strategic goals. (Please identify mission or goals.)

PROJECT ENDORSEMENT

By signing this application, I certify that I endorse this effort and agree that if the organization receives the funding requested, it will assume full responsibility for proper fiscal management of and accounting for all scholarship funds received, and for submitting all progress reports, including financial reports, as may be required by the grant contract.

Authorizing Signature (CEO or CAO) _____

Title _____

Date _____

Please type Signature name & title:

Please proceed to the next page for information on supporting documentation required with all applications

Please include the following documents in your application and indicate how they were submitted:

Budget Worksheet Electronic Submission Mail Submission

Current Year Operating Budget Electronic Submission Mail Submission

IRS Determination Letter (or fiscal agent's Determination Letter) Electronic Submission Mail Submission

Board of Directors List, including addresses, phone numbers, and terms Electronic Submission Mail Submission

Audited Financial Statements (or fiscal agent's audited statement) Electronic Submission Mail Submission

Most recent IRS 990 Electronic Submission Mail Submission

Applications and/or supporting documentation submitted via e-mail should be sent to mscfund.coop

Applications and/or supporting documentation submitted by mail or other courier should be addressed to:

**MSC Fund
1401 New York Avenue, Suite 1100
Washington DC 20005**

All application materials and supporting documents must be received no later than 5 p.m. June 30 to be considered for funding.