

## NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

86 Front Street | Hempstead, NY 11550 - 3667  
tel.516.481.6000 | fax.516.489.9287 | toll free 888.TRY.NCDC (879.6232)

[www.ncdc.org](http://www.ncdc.org)

### **NATIONAL CATHOLIC DEVELOPMENT CONFERENCE Archbishop Thomas J. Murphy Conference Scholarship Grants**

The National Catholic Development Conference is proud to offer a limited number of Conference Scholarship Grants to NCDC member organizations who are in need of scholarship assistance. These grants are given in memory of Most Reverend Thomas J. Murphy, STD, past Episcopal Advisor for NCDC.

**Scholarships are only available to NCDC members, with preference to those who have been members for more than one year. Scholarships are based on need and availability.**

All applications are strictly confidential. You will be notified by mail of the decision of the Conference Scholarship Grant Committee.

#### **Selection Criteria and Requirements for Conference Scholarship Grant**

To be considered for an NCDC Conference Scholarship Grant, the following requirements **must** be met:

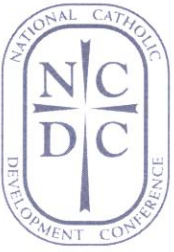
1. Your organization must be an Active or Associate Member of NCDC.
2. You must be actively engaged in the development efforts of your organization.
3. You are not eligible for a scholarship if you have previously been a recipient of the NCDC Conference Scholarship Grant.
4. Only one person per NCDC member organization is eligible for a scholarship grant each year.
5. Your application must be fully completed and received in the NCDC National Office **no later than July 16.**
6. The decision of the NCDC Conference Scholarship Grant Committee is final. However, applicants who do not receive a scholarship this year may re-apply for future conferences.

Please **fully** complete the enclosed application and mail or fax to:

#### **Archbishop Thomas J. Murphy Conference Scholarship Grant Committee**

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## NATIONAL CATHOLIC DEVELOPMENT CONFERENCE Application for Archbishop Thomas J. Murphy Conference Scholarship Grant

APPLICATION DEADLINE: FRIDAY, JULY 16

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail : \_\_\_\_\_

How many years have you been engaged in the development efforts of your organization? \_\_\_\_\_

Have you ever been a recipient of this scholarship in the past?  Yes  No

Please explain how this scholarship will benefit your organization's development efforts.  
(Feel free to use back of application or attach explanation.)

Are there any special circumstances of which you feel the Scholarship Committee should be aware?

*I have read, understand and adhere to the selection criteria and requirements for scholarship consideration.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Accredited Representative Signature \_\_\_\_\_  
(if different than applicant)

Date \_\_\_\_\_