



INTERCAMBIO NETWORK FAMILY MEMBERSHIP SCHOLARSHIP APPLICATION

Thank you for your interest in joining the Intercambio Network! Our Network includes committed adult language programs using the power and energy of volunteer teachers, with the desire to facilitate meaningful connections across cultures. Our community lives by Intercambio's core values: RELATIONSHIPS, LEARNING, ACCESSIBILITY, FUN.

Limited scholarships are available on an on-going basis. **Please complete this application and return it to resources@intercambio.org**. Upon receiving your scholarship application, we will review it and contact you with next steps.

— Membership Commitments —

As an Intercambio Network Member at the Family Level, we will commit to:

- Collect and submit program and participant success data to Intercambio at pre-determined times during your membership year
- Participate in annual network survey
- Not share Intercambio materials outside of our membership
- Participate in the learning opportunities that interest us among the Live Online webinars, networking calls, coffee hours and annual conference
- Share learning opportunities with the relevant participants of our program

— Organization Information —

Organization name as it should appear in membership materials and for Intercambio's promotional materials:

Organization Website: _____

— Contact Information - Primary Member —

Contact Name: _____

Contact Job Title: _____

Mailing Address: _____

Phone Number: _____ Is this number home personal cell work?

Email Address: _____

— **Scholarship Request** —

- Network Member 1-year scholarship: Scholarship will cover 75% of annual dues for one year and include 1 additional coaching hour
- Network Member Fellowship: First year dues are covered at 100%, second year dues are covered at 50%, third year dues are covered at 25%; and includes 1 additional coaching hour annually. Please note, that while the Network Member Fellowship is a 3-year program, Member Fellows do need to re-apply annually.

— **Budget Size** —

- Under 100K (annual dues at 100%: \$250)
- 100K – 500K (dues at 100%: \$500)
- More than 500K (dues at 100%: \$750)

— **Organization Authorization** —

Name: _____ Job Title (if different from above): _____

Electronic Signature: _____ Date: _____

— Scholarship Narrative —

This section is to help us get to know your organization better. Please feel free to copy and paste information from your website or other places if you already have this written.

1. Please share a brief history of your program (suggested word length 200-500 words).

2. Please describe the need for your program. What unmet needs do you fulfill? (Suggested word length 200-500 words.)

3. Please describe the general demographics of your community. This could include age, income, race/ethnicity, numbers of immigrants or English language learners. (Suggested word length 200-500 words.)

4. Do you have a waitlist for students or teachers? If so, how many people are usually or currently on the list.

5. How many of the following individuals are associated with your program?
 - a. Number of adult language learners: _____
 - b. Number of adult language teachers: _____ (unpaid) _____ (paid)
 - c. Number of program administrators: _____ (unpaid) _____ (paid)

6. How would your program benefit from receiving this scholarship?

7. Is there anything else you would like us to know?