



Women's Executive LeadHERship Academy (WELA) 2025 Scholarship Application

Section 1: Applicant Information

Full Name of Nominee: _____

Preferred Name (if applicable): _____

Email Address: _____ Phone Number: _____

Current Job Title/Role: _____

Institution/Organization: _____

Section 2: Scholarship Request

The WELA participation fee is \$750. Scholarships are available to cover the majority of this cost. Recipients must commit to attending all scheduled sessions in order to maintain their award.

Please describe your financial need and how a scholarship would support your participation in WELA:

Have you previously received professional development funding from this institution or another source? ☐ Yes ☐ No

If yes, please describe: _____

Section 3: Commitment to Participation

☐ I understand that acceptance of a WELA scholarship requires full participation in all sessions and completion of the capstone project.

☐ If awarded, I commit to fully engaging in the program and honoring the investment being made in my leadership journey.

Section 4: Signature

Applicant's Signature/Date: _____

Section 5: Scholarship Policy

By accepting a WELA scholarship, you agree to fully participate in all scheduled sessions and complete the capstone project. If you accept a scholarship and do not attend or complete the program requirements, you will be responsible for covering the full \$750 program fee.

☐ I acknowledge and agree to this scholarship policy.

Submit completed form and attachments (if applicable) to vsuwli@vsu.edu.