

Application

The Z. Smith Reynolds Foundation Sabbatical Program for Nonprofit Organization Leaders

Year _____
Name _____
Email _____
Name of Organization _____ Title _____
Address _____
City _____ N.C. Zip _____ Phone _____ Fax _____
Home Address _____
City _____ N.C. Zip _____ Phone _____ Fax _____
Race or ethnic group _____ Age _____ Gender _____
Purpose of organization _____

Number of years with present organization _____ In current position _____ In nonprofit work _____

- Each applicant must be currently in a paid, full-time leadership position.

Please describe your current responsibilities. _____

How would these responsibilities be managed during your sabbatical period? _____

Please list any special recognition or awards received. _____

Name of individual who has authorized your sabbatical release _____
Title _____ Phone _____

- Must be Board Chair for an Executive Director applicant
- Must be Board Chair or Executive Director for all other applicants

In addition to completing this application form, please include:

- A narrative of no more than 2-3 pages explaining the following: (a) why you need a sabbatical and how you would benefit from it; (b) what you see yourself doing in the future and what difference a sabbatical will make in your future work; and (c) why you chose to work in your field
- A brief description of planned sabbatical activities, including your method of assessment
- A proposed sabbatical budget not to exceed \$25,000 (The budget should include the approximate amount which would be owed in taxes).
- A brief biographical sketch or resume
- An endorsement letter from a board member of your organization including:
 - 1) The plan for organizational management during your absence
 - 2) A statement about the particular need for you to receive a sabbatical at this time
- The names, addresses and home and work telephone numbers of three references, one of whom must submit a letter describing your need for a sabbatical

If necessary, include an additional page to answer application form questions.

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- If selected, I will *
- be released completely from my organizational obligations during my sabbatical
 - complete a sabbatical for one continuous period of three to six months
 - begin the sabbatical before April of the year after selection
 - return to my organization for at least the same length of time as my sabbatical
 - attend the pre-sabbatical and post-sabbatical retreats
 - submit a two to three page report describing and assessing my sabbatical within one month of the end of my sabbatical
 - submit a short statement for the Z. Smith Reynolds Foundation's annual report

*Failure to uphold this commitment may lead the Foundation to seek a refund of the award.

Signature _____ Date _____

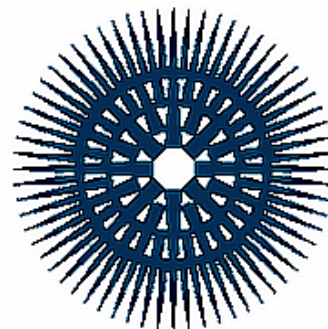
Application Check List

Please include the following information when submitting your application.

- A completed application form
- A two to three page narrative
- A brief description of planned sabbatical activities, including your method of assessment
- A proposed sabbatical budget
- An endorsement letter from a board member of your organization
- A brief biographical sketch or resume
- The contact information for three references, one of whom must submit a letter describing your particular need for a sabbatical

All items on the Application Check list must be received or postmarked no later than December 1.
Mail or hand deliver your completed application to:

Z. Smith Reynolds Foundation
Sabbatical Program Coordinator
147 South Cherry Street
Suite 200
Winston-Salem, NC 27101-5287



Online submission is encouraged.

Please visit our website (www.zsr.org) for more information.

If you have questions, please call (336) 725-7541 or (800) 443-8319