



**Scholarship Application
Membership Year 2024-2025**

Name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

What is your preferred method of communication? (Check all that apply)

Phone Email Text

Please be sure to complete all **bold requests**. If you require additional space for your comments, feel free to attach an additional page

What inspired you to apply for an Impact100 Martin membership?

Tell us about your involvement with civic or community service organizations.

Please share any skills, talent, or experience you are willing to contribute.

We encourage our scholarship recipients to take an active role in Impact100 Martin by volunteering on a committee, sharing their skill set by participating in a workgroup, or giving a helping hand at our various chapter events.

Each scholarship recipient will agree to participate in the annual Grant Recipient voting process.

How many hours per week would you be available to help with our mission?

1-2 hours 3-5 hours I am flexible

By submitting this application, I am indicating that I have read, understand, and agree to comply with the requirements of this program. I am making a commitment to **Impact100 Martin** with my volunteer time. I will have full membership privileges during the scholar shop period, including the ability to be considered for a leadership position. I agree

Download and email this completed form to info@impact100martin.org or mail to:
Impact100 Martin, 11718 SE Federal Hwy, #440 Hobe Sound, FL 33455
Questions? Contact info@impact100martin.org

THANK YOU for your interest in joining **Impact100 Martin** -
Transforming our community through the power of collective giving.