HARVARD EXTENSION SCHOOL
Division of Continuing Education
Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • studentfinance@extension.harvard.edu

2018-19 Leonard J. Russell Scholarship Application

Deadline	Fall 2018: August 15, 2018	Spring 2019: January 15, 2019

Please note: Applications received after these dates cannot be considered.

The Leonard J. Russell Scholarship covers tuition for one Management Graduate Program course for up to three City of Cambridge employees each semester. To apply, please submit this completed application form to: Student Financial Services, Harvard Extension School, 51 Brattle Street, Cambridge, MA 02138-3722.

Please print clearly.

FULL LEGAL NAME (exactly as printed on your government-issued ID)

Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

PRESENT MAILING ADDRESS (number, street, and apartment number)

Street		
City	State/Province	Zip/Postal code
Country (if not US)	Telephone number (including area/country code)	Cell phone number (including area/country code)

E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.)

EMPLOYMENT (number, street, and apartment number)

Job title		
Department		
Address		
Work phone number	How many people do you supervise, if any?	How long have you worked for the City of Cambridge? ❑ Full-time ❑ Part-time If part-time, state the number of hours per week: _____

EDUCATION List all colleges and universities attended, including grade point average and degree

Institution	Dates	GPA	Degree
	to		
	to		
	to		

List other professional diplomas, including institutions, dates, and majors

MANAGEMENT COURSE List below the management course in which you intend to enroll:

Title	Semester

Continued on next page.

State in one or two **carefully written** paragraphs the specific contribution(s) this course might make to your present work.

You may attach a separate document.

I certify that the above information is true and complete.

Student signature _____ **Date** _____

Document must be signed with a real signature. Digital signatures are not accepted.

For office use only

Received _____

Processed _____