



Are you currently working in a paid, full-time, executive-level position in North Carolina?

-Select One- ➤





Are you currently employed by a public school, college, university, governmental agency, hospital administrator, or full-time clergy?

-Select One- ∨





Have you served in your current position for at least three years?

-Select One- ➤





Have you been in a paid full-time, executive level position at your current organization for at least two years?

-Select One- ∨

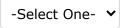


Currently, the Foundation awards up to five sabbaticals every other year. Three to six month sabbaticals offer individuals the opportunity to focus primarily on their personal needs and devote themselves to self-revitalization. The awarded compensation (\$30,000) and \$10,000 to each organization for planning and transition expenses, provides the financial support necessary for sabbatical recipients to temporarily leave their place of employment. Please note: Of the \$10,000, at least \$5,000 must go toward activities that will enhance the recipient's entire organization. For example, staff retreats, team-building exercises, mentoring opportunities, and/or other activities to support the staff.

Sabbatical recipients use this time to engage in nonprofessional development activities of their own choosing to aid in personal renewal and growth. While on hiatus, award recipients travel, study, read, reflect, rest, and/or explore interests unrelated to their field of work. It is the Foundation's hope that sabbatical recipients will return recommitted to the challenges and rewards of public service and thus prolong their tenure in the nonprofit sector.

The deadline for the Sabbatical Application submission is January 12, 2026 at 12:00 pm (NOON).

I am aware and understand.

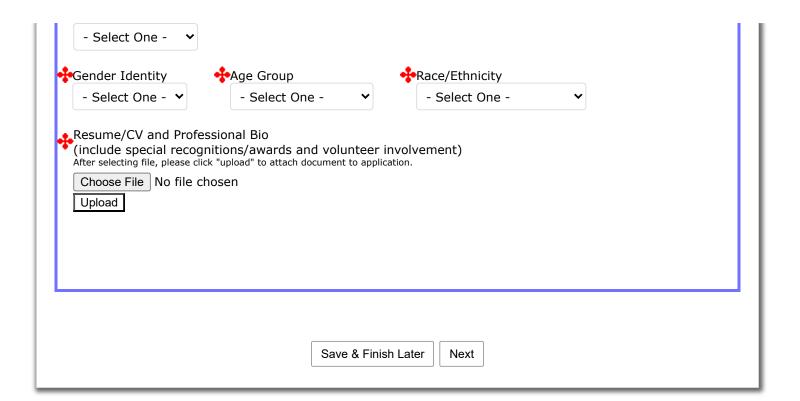


Submit





Applicant Information Organizational Information Other Information Review My Application **Applicant Information** Printer Friendly Version | E-mail Draft Required before final submission Applicant Information Year for Which You are Requesting a Sabbatical 2026 Sabbatical Amount: 30000 Have you previously applied for a Z. Smith Reynolds Foundation Sabbatical? - Select One -Name Please enter as "Smith, John W." First Name Middle Name ---Last Name E-mail (Personal) Title (Example: Executive Director, etc.) Email (Work) Home Address City \*State Zip Code - Select One - 🕶 Home Phone Number Cell Phone Format: 999-999-9999 Format: 999-999-9999 💤County in Which You Live





Contact Us | FAQs |

		Other Information Review My Application	
rganizational Ir	nformation	Printer Friendly Version   E-mail D	raft
Required before final sub	mission	Times Thendry Version   E mail b	ruic
Name of Organizati	on with which you work		
Organization Mailin	g Address		
City	<b>∳</b> State	<b>♣</b> Zip Code	
	- Selec	ct One - 🕶	
Telephone Number	Ext.		
Format: 999-999-9999			
Dogion of State wh	oro vour organization is locate	4	
Region of State who	ere your organization is locate	d.	
- Select One - 🕶			
- Select One - 🕶		otal Number of Direct Reports	
- Select One - Y	nployees in Organization To		
- Select One - 🕶	nployees in Organization To		
- Select One - Y  Total Number of Em  Organization's Phys	nployees in Organization To		
- Select One - Y	nployees in Organization To		
- Select One - Y  Total Number of Em  Organization's Phys  City	nployees in Organization To	otal Number of Direct Reports	
- Select One - Y  Total Number of Em  Organization's Phys	nployees in Organization To		
- Select One -  Total Number of Em  Organization's Phys  City  State	nployees in Organization To	otal Number of Direct Reports	
- Select One - Y  Total Number of Em  Organization's Phys  City	nployees in Organization To	otal Number of Direct Reports	

Word count 0 of 80	
Number of Years in Nonprofit Work in North Carolina	
Number of Years with Organization	
Number of Years in Current Position	
Save & Finish Later Next	





Applicant Information Organizational Information Other Information Review My Application **Other Information** Printer Friendly Version | E-mail Draft Required before final submission Other Information Briefly describe your current role and responsibilities. Word count 0 of 150 How would you rate your organization's readiness for your absence were you to take a sabbatical in the next few months to one year? Word count of 150 How would your responsibilities be managed during your sabbatical period? Word count of 150 Endorsement Letter Please upload an endorsement letter from a board member of your organization including: a. The plan for organizational management during your absence b. A statement about whether they support you taking a sabbatical in the next few months to one year. (Please Limit to 2 Pages) After selecting file, please click "upload" to attach document to application. Choose File No file chosen Upload The person authorizing a sabbatical for an Executive Director must be a Board Chair. Either the Board Chair or an Executive Director can approve all other applicants. If selected, who has authorized your sabbatical release? Name ! Title (Example: Board Chair, etc.)

Telephone Number	<b>.</b> •Cell
Format: 999-999-9999	Format: 999-9999
Email (Email of person authority)	zing sabbatical.)
(Email of person duction)	ang dasaddan,
Sabbatical Narrative	
Why did you choose to we	ork in the nonprofit sector?
Word count 0 of 150	
Please share the reasons	a sabbatical would be important/beneficial at this point in your career and Life?
Word count 0 of 150	
•What are some of the pla	nned activities you hope to pursue during the sabbatical period?
What are some or the pla	mice detivities you hope to pursue during the subbatted period.
Word count 0 of 150	
How do you think a sabba	atical would help you approach your work differently after return?
Word count 0 of 150	
	get not to exceed \$30,000. The budget should include items such as household expenses, travel, personal development
	pload" to attach document to application.
Choose File No file chose	<u>}∩</u>
Opioau	
References:	
References Please provide three references. I	nclude the name, mailing address, email address, work/cell number of the three individuals.
•Reference Letter	

Include a letter from one of the above references describing a particular need for you to receive a sabbatical. After selecting file, please click "upload" to attach document to application.

Choose File No file chosen Upload
Additional Information
Word count 0 of 250
Acknowledgement
Acknowledgement:  I acknowledge the Sabbatical online application submission deadline is January 12, 2026 at 12:00 pm (NOON).  If selected, by submitting this application I agree that I will:
<ul> <li>a. Be released from my organizational obligations during my sabbatical;</li> <li>b. Complete a sabbatical for one continuous period of three to six months;</li> <li>c. Begin the sabbatical before April of the year after selection;</li> <li>d. Attend the pre-sabbatical and post-sabbatical retreats; and</li> <li>e. Submit a two- to three-page typed final report describing and assessing my sabbatical experience, by one month after completion of the sabbatical.</li> </ul>
*Failure to uphold this commitment may lead the Foundation to seek a refund of the reward.
Please type your signature below which will serve as acknowledgement of your expected commitment if selected.  Format: First Name, Middle Initial, Last Name
Save & Finish Later Review & Submit