

Sabbatical Application

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

-Select One- ▼

Next

Sabbatical Application

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

-Select One- ▼

Next

Sabbatical Application

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

-Select One- ▼

Next

Sabbatical Application

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

-Select One- ▼

Next

Sabbatical Application

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 non-professional 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.

-Select One- ▼

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

 Title
(Example: Executive Director, etc.)


 E-mail (Personal)


 Email (Work)


 Home Address

 City  State  Zip Code

- Select One - 

 Home Phone Number
Format: 999-999-9999

 Cell Phone
Format: 999-999-9999

 County in Which You Live

- Select One - ▼



Gender Identity

- Select One - ▼



Age Group

- Select One - ▼



Race/Ethnicity

- Select One - ▼



Resume/CV and Professional Bio

(include special recognitions/awards and volunteer involvement)

After selecting file, please click "upload" to attach document to application.

Choose File

No file chosen

Upload

Save & Finish Later

Next

[Applicant Information](#)[Organizational Information](#)[Other Information](#)[Review My Application](#)

Organizational Information

[Printer Friendly Version](#) | [E-mail Draft](#)

Required before final submission



Name of Organization with which you work



Organization Mailing Address



City



State

- Select One - ▼



Zip Code



Telephone Number

Format: 999-999-9999

Ext.



Region of State where your organization is located.

- Select One - ▼

Total Number of Employees in Organization

Total Number of Direct Reports

Organization's Physical Address

City

State

Zip Code

Website



Mission of Organization

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:

- The plan for organizational management during your absence
- 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.

 No file chosen

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
Format: 999-999-9999

✦ Cell
Format: 999-999-9999

✦ Email
(Email of person authorizing sabbatical.)

Sabbatical Narrative

✦ Why did you choose to work 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 planned activities you hope to pursue during the sabbatical period?

Word count 0 of 150

✦ How do you think a sabbatical would help you approach your work differently after return?

Word count 0 of 150

✦ Sabbatical Budget:

Include a proposed sabbatical budget not to exceed \$30,000. The budget should include items such as household expenses, travel, personal development expenses, and taxes.

After selecting file, please click "upload" to attach document to application.

No file chosen

References:

✦ References

Please provide three references. Include 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:

- a. Be released from my organizational obligations during my sabbatical;
- b. Complete a sabbatical for one continuous period of three to six months;
- c. Begin the sabbatical before April of the year after selection;
- d. Attend the pre-sabbatical and post-sabbatical retreats; and
- e. Submit a two- to three-page typed final report describing and assessing my sabbatical experience, by one month after completion of the sabbatical.

***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