

**Cagli Student Exchange Program
Scholarship Application Form**

Student's Name: _____ Age/Grade: _____

Parent's Name: _____ Phone: _____

Home Address: _____

City/Zip: _____

Amount you are requesting, up to \$1500. _____

Please give a brief summary of the reason you are making this request.

Required information for assistance from the scholarship fund:

1. List of family members living in the household.
2. Proof of family income (W-2's, paystubs, etc.)
3. Copy of traveler's valid passport.

Please email completed form with attachments to chaseyouthspokane@gmail.com.

Signature of Parent of Guardian

Date