

Cagli Student Exchange Program Scholarship Application Form

Student's Name: _____ Age/Grade: _____

Parent's Name: _____ Home Phone: _____

Home Address: _____

City/Zip: _____ High School: _____

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

Please indicate/attach the following 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. Amount of assistance you are requesting not to exceed \$500.

Please email completed form with attachments to jcaputo1@mac.com

Signature of Parent of Guardian

Date