

SCHOLARSHIP REQUEST

Dear Student: CAHEC is pleased to offer your accrued scholarship funds to the educational institution of your choice in support of your successful participation in the Youth Recognition Program. Please note the following scholarship considerations. Additional information will be provided once your request form has been received in our office.

- YRP scholarship funds only cover expenses related to tuition, books and supplies (as listed on your course syllabus).
- Disbursement of your scholarship funds is contingent upon CAHEC receiving invoices from your school.

PERSONAL INFORMATION

Name of Student: _____

Name of Apartment Community: _____

Street Address: _____

City, State, Zip: _____

Phone number: (H) _____ (W) _____ Email: _____

SCHOOL INFORMATION

School/University Name: _____

Desired Major/Degree: _____

Billing Office Contact Person: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

DOCUMENT CHECKLIST

Please attach the following items to your YRP Scholarship Request Form:

- Class Schedule (copy)
- State I.D. card (copy)

STATEMENT OF ACCURACY, AUTHORIZATION FOR RELEASE OF INFORMATION & DISCLOSURE

By signing below, I attest that all information provided on this YRP Scholarship Request Form is accurate to the best of my knowledge. My signature also authorizes the above-named educational institution the ability to disclose all pertinent student information to CAHEC (i.e., admission, enrollment, and billing). I hereby give CAHEC permission to potentially disclose the above information for non-commercial purposes. I understand that this information will not be used for exploitative means, but rather, to share portions of my testimony in order to encourage future participation and help secure the continued success of CAHEC's Community Programs.

Signature of Student

Date