CSPES Scholarship Application

STUDENT	Name	(Last)	(First)		(Middle)		
Address (Where you v	vish to receive o	heck) City		State	Zip		
Telephone Number		E-Mail Ad	dress				
Date of Birth Social Security			curity Number			Male Female	
SCHOOL	Name of co	llege accepted to and/o	or attending:				
Is this school a	Vo/Tech	Community College	☐ Other				
Are you enrolled for the (Proof of Enrollment F	e 20 acade	emic year?	☐ Yes		□ No		
Have you received a s	cholarship from	CSPES previously?	Yes No If	yes, year awarde	d		
Indicate which scholar	ship you are ap	plying to receive. Schol	arships are awarded	in numerical orde	er with qualifying GP	PA.	
		scholarship Award d Scholarship Award		cholarship Award Scholarship Awa			
	Name	/I act)	(First)		(Middle)		
MEMBER	Ivanie	(Last)	(r mor)		(wildlie)		
Address		City		State	Zip		
Telephone Number ()			Membe	Member Email Address			
Regular or Associate Membership (circle one)				Indicate if Life Member (YES / NO)			
Relationship to applicant: By Birth Legally Adopted Stepchild				Child Raised as Member's Own - (Claimed as a dependent on Income tax)			
that any intentional awarded. I agree to	I misreprese	ntation is grounds f	or denial of a scho ditions governing	olarship and m this scholarsh	ay result in forfe ip application. I	understand that all	
Applicant's Signat	ure	Date			Attached Pl	noto Here	
Member's Signatu		Date					