

2016 COMMUNITY ASSISTANCE SCHOLARSHIP PROGRAM APPLICATION

SPONSORING CUS MEMBER			
1.	Last Name:	First Name:	
	Mailing Address		
2.	Street:		
	City:	State:	Zip:
3.	Daytime Telephone Number:		
4.	Email Address:		
LOCAL COMMUNITY SCHOLARSHIP PROGRAM			
5.	Name of local high school scholarship program:		
6.	Location of local high school scholarship program:		
7.	Scholarship contact person:		
8.	Daytime Telephone Number:		
9.	Email Address:		
10.	What year was this high school scholarship program established:		
In the space provided below please respond to the following questions:			
11.	Please provide the names of all CUS members and non-CUS members involved in the development of this high school scholarship program.		
12.	Community need: Outline the purpose and need for the program		

13.	<p>Organizational Capacity: Detail the process for applicants to request funds through the local high school scholarship program. Include the total number of awards the agency anticipates to make, please include the dollar amount for each.</p>
14.	<p>Community Impact: Describe the impact the local high school scholarship program has made on your community. Please include any data the program has collected that demonstrates impact.</p>
15.	<p>Submit at MOST (2) <u>recommendation letters</u> no longer than 1 page each, single-spaced, 12 point type (may be less, such as double-spaced, etc.) from administrators of the local high school program or a student recipient. These letters should confirm the high school’s history in awarding scholarships and how receiving additional funds would enhance their capacity.</p>
<p><u>E-MAIL COMPLETE APPLICATION PACKAGE TO:</u> Leadership Scholarship Committee c/o Chi Upsilon Sigma, National Latin Sorority, Inc. email address: scholarship@justbecus.org</p>	
<p><u>REMINDER:</u> The deadline for this application to be received is: March 4, 2016 at 4:00 p.m. NO EXCEPTIONS!</p>	