

COMMUNITY ASSISTANCE SCHOLARSHIP PROGRAM (CASP)

Aware of the prejudices and obstacles facing the minority women of our communities, Corazones Unidos Siempre, Chi Upsilon Sigma, National Latin Sorority, Inc[®] (CUS) intends to support minority women in achieving a college education through the development of various leadership scholarship programs. We commit ourselves to *Educating, Elevating, and Empowering*[®] all women through our core values of Leadership, Sisterhood, Service and Character.

In our efforts to support member involvement in local communities throughout our regions, CUS has established the *Community Assistance Scholarship Program (CASP)*. The intent of CASP is to impact local communities through our CUS members. This program will increase support for existing local high school scholarship programs and thus develop possible linkages to increase CUS membership and fulfill our mission to support women in obtaining a college education.

SECTION 1: SCHOLARSHIP INFORMATION

Eligibility for CASP

Eligibility is based on the existing high school scholarship program's established capacity. The sponsoring CUS member request funds on behalf of the high school scholarship program. The existing high school scholarship program must meet the following eligibility:

- 1) Has been operational for the past 3 years
- 2) Has an established review process and a system of distribution
- 3) And can provide requested funds to high school senior girls who plan to attend a two or four-year college/university

Members of CUS, regardless of membership status, are eligible to apply for these funds on behalf of their local high school scholarship program.

Available Scholarship Amount

Scholarship awards will be issued on an annual basis based on the availability of funds. The CASP scholarship is open only to CUS members requesting support for an established high school scholarship programs that meet the eligibility requirement described above. CUS will award two (2) \$1,000 scholarships under this program. The total funding amount available for this program is \$2,000 annually.

Scholarship Announcement

Annually, in January, CUS will distribute this scholarship notification through the established listservs, Student Affairs Office, Financial Aid Office or the Office of Fraternity Sorority Affairs at existing and pending chapters.

Application Submission

All scholarship applications are due via email to the Leadership Scholarship Committee at scholarship@justbecus.org by 4:00 p.m. on March 4, 2016. The PDF version of the application is attached below. The application will have a blind-review by volunteer committee members of Chi Upsilon Sigma. All scholarship recipients will be notified by April 4, 2016.

Scholarship Data Collection

Recipients of the Community Assistance Scholarship Program (CASP) are required to submit the name and contact information for the recipient student in addition to their college/university of choice.

Distribution Process

CASP funds will be paid by April 30, 2016 directly to the existing high school scholarship program. The CASP distribution form is provided below.

SECTION 2: SCHOLARSHIP GUIDELINES

Scholarship Requirements

Recipients of the CASP scholarship are required to submit the date and time of the local high school scholarship program recognition ceremony. CUS may designate a Board of Directors member to attend, however this is not required.

Budget Requirements

Once selected, the recipients of all scholarship programs must submit the designated distribution form located below. This information should be submitted to the scholarship committee via email at scholarship@justbecus.org.

SECTION 3: COMPLETING THE APPLICATION

General Instructions for Applying

To apply for this scholarship, applicants must prepare and submit a complete electronic application provided below (see application checklist below for required items). Mailed paper copies of the application **will not be accepted**.

Review of Applications

Each scholarship application will have a blind review completed by a panel of three readers, internal to Chi Upsilon Sigma, and may include, but are not limited to experts in: research and evaluation, higher education, leadership development, academic instruction, youth development,

and organizational development. The committee will review the CASP applications for completeness, organizational capacity, community need, identified community impact and response to questions.

Any application that is deemed incomplete by the committee will be ineligible to receive any funds. Once an application is submitted, additional documents or edits will not be accepted. Questions should be directed to the Leadership Scholarship Committee at scholarship@justbecus.org.

The following point values apply to the evaluation of the CASP applications received in response.

APPLICATION COMPONENTS	POINT VALUE
Application	20
Community Need	30
Organizational Capacity	20
Community Impact	30
<i>TOTAL</i>	<i>100</i>

***All applications must score 65 points or above to be considered eligible for this program.*

Application Component Checklist

The following components are required (see Required ✓ Column) to be included as part of your scholarship application. Failure to include a required component may result in your application being removed from consideration.

Use the checklist (see Included ✓ Column) to ensure that all required components have been completed for the CASP application.

<i>Required</i> (✓)	CAP APPLICATION COMPONENT CHECKLIST	<i>Included</i> (✓)
✓	Application	
✓	Most recent Annual Program Report	
✓	Recommendation Letter(s)	

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 style="text-align: center;"><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 style="text-align: center;"><u>REMINDER:</u> The deadline for this application to be received is: March 4, 2016 at 4:00 p.m. NO EXCEPTIONS!</p>	

**COMMUNITY ASSISTANCE SCHOLARSHIP PROGRAM
DISTRIBUTION FORM**

This form will be completed and returned only upon selection as a scholarship recipient. This form should be completely filled out and submitted to the scholarship committee via email at scholarship@justbecus.org within 15 days of award notification.

SPONSORING CUS MEMBER	
1.	Last Name: _____ First Name: _____
LOCAL HIGH SCHOOL SCHOLARSHIP PROGRAM	
2.	Name of local high school scholarship program: _____
3.	Address of local high school scholarship program: _____
4.	Scholarship contact person: _____
	Daytime Telephone Number: _____
	Email Address: _____
5.	High School Scholarship Due Date: _____