

**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](mailto:scholarship@justbecus.org) within 15 days of award notification.

<b>SPONSORING CUS MEMBER</b>	
1.	Last Name: _____ First Name: _____
<b>LOCAL HIGH SCHOOL SCHOLARSHIP PROGRAM</b>	
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: _____