

CALISTOGA HIGH SCHOOL SCHOLARSHIP AWARD FORM

Please return by January 20, 2017



Name of Scholarship: _____

Scholarship Amount: _____

Name of donor/organization: _____

Please Check One:

- I would like to make the final decision for this scholarship-**we will provide you with all applications that fit criteria.**
- I will leave the final decision up to the CHS Scholarship Committee.

Please supply contact information:

Contact Person: _____

Address: _____

Email Address: _____

Phone: _____

Please supply criteria for selection (e.g., minimum GPA, leadership, financial need, particular field of study or interest; and community service):

Other (specify):

Please check one:

- Money will be sent directly to recipient of award and correspondence will take place between the donor and recipient.
- Money will be sent to the CJUSD and correspondence will take place between CJUSD and the recipient or financial aid office of recipient's college.

It is the *recipient's responsibility* to supply the Donor with contact information, and the student must show proof of verification of enrollment in college/trade school for the funds to be disbursed.

Is this scholarship renewable? Yes _____ No _____

Please check one:

- I would like to present this scholarship to the senior(s) during Senior awards night in May 2017.

Name of person presenting award _____

- Please have a member of the CHS community present on my/our behalf.

Special Instructions:

(Please use this space to provide us with any special instructions you may have.)

Your continued support of our Wildcat Scholars makes dreams come true! Thank you.

Please return this form to:

Carla Surber, College & Career Center Coordinator
Calistoga Jr/Sr High School
1608 Lake St., Calistoga, CA 94515
707 942.6278 | 707.942.6592 (FAX)
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<http://cjshsccc.weebly.com/>