CALISTOGA HIGH SCHOOL SCHOLARSHIP AWARD FORM



Please return by <u>January 20, 2017</u>

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.
infor	the recipient's responsibility to supply the Donor with contact mation, and the student must show proof of verification of enrollment in ge/trade school for the funds to be disbursed.
Is thi	s scholarship renewable? Yes No
Pleas	se 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)

email: csurber@calistogajusd.org

http://cjshsccc.weebly.com/