

**CENTRAL ALABAMA CHRYSALIS COMMUNITY
SCHOLARSHIP FUND APPLICATION
(Please Print)**

Date: _____

Applicant Name: _____ **Phone#:** _____

Sponsor Name: _____ **Phone#:** _____

Instructions for Sponsor: As a Sponsor, we ask that you consider assisting in the cost of the flight, if you can pay any portion of the \$125 fee, please indicate the amount below. Please note: Each Sponsor will be limited to no more than 2 Scholarships per Calendar year.

____ I am able to pay \$ _____ towards the cost of Chrysalis Flight# _____.

____ I need assistance with the entire cost of \$125.00 for Chrysalis Flight# _____.

Sponsor Signature _____ **Walk#** _____

Total Scholarship amount requested \$ _____

Reason requested: ___ Financial Hardship ___ Cluster Need ___ Other (explain)

CAC Registrar: _____ R'cd Date: _____

CAC Lay Director: _____ Approval Date: _____

CAEC Lay Director: _____ Approval Date: _____

CAEC Spiritual Director: _____ Approval Date: _____

Sponsor: Mail this completed Scholarship Application along with the completed Application and any payment to:

CAC Registrar
P.O.Box 680929
Prattville, AL 36068