



## CHSAAP NAMED SCHOLARSHIP REQUEST FORM

The Alumni Association Scholarship Program now allows the naming of scholarships in honor of or in memory of a member or of a loved one or of a respected person. In order to do this a member has to be a Central Golden Knight Donor (with a gift of \$2500. Or more) and be willing to commit this amount for two or more years (\$5000.00 minimum). A named scholarship donor may, if desired, be a member of the selection committee for the years of the commitment. The donor may also specify certain restrictions for an award such as study discipline, financial need, community participation, etc. as long as it falls within the parameters of the Scholarship program. If desired specify below.

Please fill out the information below and submit to the Scholarship Program Chairman at 70 Fricker Street, Providence, RI 02903:

Members name: First \_\_\_\_\_ MI\_ Last \_\_\_\_\_

Members address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

*Please check:*

In honor of \_\_\_\_\_ In Memory of \_\_\_\_\_ Class of \_\_\_\_\_

Name for Scholarship(s): first \_\_\_\_\_ MI \_\_\_\_\_ last \_\_\_\_\_

Pledged amount: \_\_\_\_\_ # of years (minimum 2): \_\_\_\_\_

*Please check:*

Payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card \_\_\_\_\_

If Credit Card: Type \_\_\_\_\_ Number \_\_\_\_\_

Expiration Date \_\_ \_\_ CVC \_\_

If sending check please make it out to CHSAAP Scholarship Fund

Special request/information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_