



# CENTRAL HIGH SCHOOL ALUMNI ASSOCIATION PROVIDENCE

## 2024 Annual Scholarship Fund Appeal

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Class of \_\_\_\_\_ or Relationship to Central \_\_\_\_\_ Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yes! I want to help Central High School seniors in need, and I am sending my support for the CHSAAP Scholarship Fund today.

Donation Level (please check one):

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Central Golden Knight | Gifts over \$2500            |
| <input type="checkbox"/> Central Knight        | Gifts between \$500 - \$2500 |
| <input type="checkbox"/> Centralite            | Gifts between \$250 - \$500  |
| <input type="checkbox"/> Black & Gold          | Gifts between \$100 - \$250  |
| <input type="checkbox"/> Sponsor               | Gifts less than \$100        |

For donations of \$1,000.00 or more, is this a named scholarship? YES  NO

If yes, please complete the back of this page.

Please return this form along with your generous donation made payable to CHSAAP Scholarship Fund and mail to:

CHSAAP Scholarship Fund  
P.O. BOX 27311  
Providence, RI 02907

Recognition:

CHSAAP would like to recognize your generous gift on our website and/or Social Media

Initial below if you wish to remain anonymous.

\_\_\_\_\_ I wish to remain anonymous.

***Education is not the filling of a pail, but the lighting of a fire." — William Butler Yeats***



## CHSAAP NAMED SCHOLARSHIP REQUEST FORM

The Alumni Association Scholarship Program allows for the naming of scholarships in honor of or in memory of a member or of a loved one or of a respected person. To do this, a donation equal to the cost of one or more scholarships must be made. Currently the amount is \$1,000.00; however, this amount may change as determined by the Alumni Association. The donor may also specify certain restrictions for an award such as study discipline, financial need, community participation, etc. as long the restriction falls within the parameters of the Scholarship program; if desired, specify below.

Please fill out the information below and submit with your generous donation and your completed Scholarship Appeal Donation form.

Name: First \_\_\_\_\_ MI\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

*Please check:*

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

Name for Scholarship(s): First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Pledged amount: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment (please check one): Check \_\_\_\_\_ Money Order \_\_\_\_\_ Other (please email [CentralHSAlumni@aol.com](mailto:CentralHSAlumni@aol.com) for alternative payment methods)

Please make payable to: CHSAAP Scholarship Fund

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