



CHSAAP NAMED SCHOLARSHIP REQUEST FORM

The Alumni Association Scholarship Program now 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. In order to do this a member or alumni class must donate an amount equal to the cost of one or more scholarships. This is currently \$1,000., 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 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 _____

Please make it out to: CHSAAP Scholarship Fund and send to above address.

Special request/information: _____

Signature: _____ Date: _____