



## 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: \_\_\_\_\_

*Please check:*

Payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_

Please make it out to: CHSAAP Scholarship Fund and mail to CHSAAP Scholarship Fund, PO Box 27311, Providence, RI 02907

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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