



CENTRAL HIGH SCHOOL ALUMNI ASSOCIATION PROVIDENCE

2021/2022 Annual Scholarship Appeal Drive

First Name _____ MI _____ Last Name _____

Class of _____ Maiden Name _____

Street Address _____

City _____ State _____ Zip _____

Please check level of donation below:

Donation Level:

- | | |
|--|------------------------------|
| <input type="checkbox"/> Central Golden Knight | Gifts over \$2500 |
| <input type="checkbox"/> Central Knight | Gifts between \$501 - \$2500 |
| <input type="checkbox"/> Centralite | Gifts between \$251 - \$500 |
| <input type="checkbox"/> Black & Gold | Gifts between \$101 - \$250 |
| <input type="checkbox"/> Sponsor | Gifts \$100 and less |

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

If Yes, please complete attached page

Please return this form and if applicable the completed name scholarship form, along with your generous donation to:

Jayne O'Brien, Treasurer
 CHSAAP
 39 Poppy Drive
 Cranston, RI 02920

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 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 \$1,000.00; 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 as it 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 2021/2022 Scholarship Appeal Donation form.

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

Special request/information: _____

Signature: _____ Date: _____