



CENTRAL HIGH SCHOOL ALUMNI ASSOCIATION PROVIDENCE

2025 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 \$2500 and over |
| <input type="checkbox"/> Central Knight | Gifts between \$500 - \$2499.99 |
| <input type="checkbox"/> Centralite | Gifts between \$250 - \$499.99 |
| <input type="checkbox"/> Black & Gold | Gifts between \$100 - \$249.99 |
| <input type="checkbox"/> Sponsor | Gifts \$99.99 and less |

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

Scholarship Appeal
CHSAAP
PO 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.

Questions: email centralhsalumni@aol.com or phone 401-595-8012

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 member or an 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 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.

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: Scholarship Appeal, CHSAAP, PO BOX 27311, PROVIDENCE, RI 02907

Special request/information: _____

Signature: _____ Date: _____

Questions: email centralhsalumni@aol.com or call 401-595-8012