



## APPLICATION FOR NATIONAL SCHOLARSHIP FUNDS

1. Name of Chapter/Steering Committee \_\_\_\_\_

2. Name of delegate to whom Chapter scholarship has been awarded \_\_\_\_\_

3. Address of delegate \_\_\_\_\_

4. Program which delegate will attend \_\_\_\_\_

(Please include reference number, country and Chapter where program will be held, and year or years in which program will take place.)

5. Amount of scholarship awarded to this delegate by your Chapter \_\_\_\_\_

6. Is some or all of this amount in the form of a loan to the delegate or the delegate's family? \_\_\_\_\_

If so, what amount is to be repaid to the Chapter? \_\_\_\_\_

How long is the repayment period? \_\_\_\_\_

Is interest charged? \_\_\_\_\_

7. If funds are awarded by the National Scholarship Fund, will they be

a. \_\_\_\_\_ Added to the amount of the Chapter scholarship?

b. \_\_\_\_\_ Added to your Chapter's existing Scholarship Fund?

c. \_\_\_\_\_ Added to your Chapter's general treasury?

. \_\_\_\_\_ Other (please explain) \_\_\_\_\_

By signing this application, I certify that the above information is correct to the best of my knowledge.

Date \_\_\_\_\_

Signature

Print Name

Office or Position Held

E-mail address

Please send this application by **MAY 1** (for Summer programs) or **NOVEMBER 1** (for Winter programs) to **CISV USA, 1375 Kemper Meadow Drive, Suite 9H, Cincinnati, OH 45240**. Please note that it is possible that all available scholarship money may be distributed following the MAY 1 application deadline in any given year, so early application is advisable, even for children chosen for Winter programs.

Cisvusa@aol.com  
**888.247.8872 (phone)**  
**888.686.2478 (fax)**