

CENTRAL PENNSYLVANIA CHAPTER CSI SCHOLARSHIP APPLICATION

NAME: _____

HOME ADDRESS: _____

CITY AND STATE: _____

HOME PHONE # _____

SCHOOL: _____

ADDRESS: _____

SCHOOL PHONE # _____

COURSE OF STUDY: _____

COUNSELOR: _____

INSTITUTION OF HIGHER EDUCATION APPLIED TO: _____

COURSE OF STUDY REGISTERED FOR: _____

DEGREE PROGRAM: _____

REFERENCES: (name, address, phone #)

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY: (name, address, phone #, dates of employment)

1. _____

2. _____

3. _____

I hereby give permission to contact all persons and references listed above concerning any information deemed relevant by the Scholarship Committee.

Signature: _____ Date: _____

This application must be completed and returned along with letters of reference and introduction letter to the Scholarship Committee by April 15.