



Last name: _____

CISV Miami County Scholarship information

We are pleased that you have become involved in CISV and hope that you have a good experience and stay active in the organization.

The purpose of the CISV Miami County Scholarship is to assist ANY representative of the Miami County Chapter of CISV who has been chosen to participate in a CISV program and who is unable to fully pay for the costs associated with that program. One of the requirements of the scholarship is family involvement as measured in volunteer hours given or pledged to our Chapter. By providing scholarships, we hope to make CISV programs, anywhere in the world, available to all eligible local children.

A request for financial aid is separate from the application for selection for CISV programs and financial aid requirements are not considered in the screening process for selecting a child for a CISV program. Scholarships will be awarded based on the overall need of each family; the funds available each year; and the number of requests received each year. CISV does not discriminate on the basis of sex, race, religion, ethnic background, or national origin in its selection or funding decisions.

Before scholarships are offered, the possibility of a pay-out period will be considered with a significant amount due (preferably 50%) paid before the event.

Minimum Family Financial Responsibility includes:

- Remainder of program costs not funded by scholarship
- The application fees
- Membership dues
- Spending money
- Preparation expenses including (but not limited to) passports, visas, physical examinations and national costume.

Application deadline May 1, 2019 (unless extended by the scholarship committee)

Please submit complete applications to:

CISV Miami County Chapter, P O Box 836, Troy, OH 45373

Instructions for Completing the Application

It is important that you complete all items on the application according to the following instructions:

1. Type or print all entries in black ink. Do not use pencil.
2. Enter each response in the proper area. Do not make entries outside spaces provided or enter more than one set of figures in a space.
3. Enter amounts in dollars; omit cents.
4. Do not leave dollar items blank. Enter a zero (0) where appropriate.
5. Use the space provided on the reverse side of this page if more space is needed for any item or to explain any unusual circumstances.

Your application will be considered promptly and confidentially, and your request will be honored as fully as possible within our guidelines and resources.



Last name: _____

**APPLICANT'S PAGE
PLEASE PRINT OR TYPE ALL RESPONSES**

Applicant's Full Name _____

Male ____ Female ____ Date of Birth _____

Permanent Mailing Address _____
Street Address

City _____ State _____ Zip Code _____ County _____

Name of School Attended and Grade _____

Applicant lives with: ____ Both Parents ____ Father ____ Mother ____ Other

Amount applicant expects to earn for travel costs and spending money for this CISV program:
\$ _____

I am interested in participating in CISV because:

I promise that everything on this page is true and complete.

Applicants Signature _____

Date _____



Last name: _____

PARENTS' STATEMENT

FATHER OR GUARDIAN

MOTHER OR GUARDIAN

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

E-MAIL _____

E-MAIL _____

EMPLOYER _____

EMPLOYER _____

PARENTS MARITAL STATUS ____ MARRIED ____ SEPARATED ____ DIVORCED

IF SEPARATED/DIVORCED WHO IS THE CUSTODIAL PARENT _____

FAMILY FINANCIAL STATEMENT:

Family's Gross Annual Income:

For last year Last year \$ _____

(from IRS Form 1040 Line 37, Adjusted Gross Income)

Other Income \$ _____

Total Savings \$ _____

Other Assets \$ _____

PLEASE ATTACH A COPY OF LAST YEAR'S TAX RETURN(S). IF PARENTS FILE SEPARATELY, EACH PARENT'S RETURN MUST BE ATTACHED.

Total size of parents' household (including the applicant named on this form, other dependent children, and the parents themselves): _____

Number in college (of the number entered above, how many will be enrolled in college or other education beyond high school at least half-time during the upcoming academic year?) _____



Last name: _____

Is your child eligible for free or reduced lunch? YES _____ No _____

Could your child participate in this program without this scholarship YES _____ No _____

Are there any unusual expenses/circumstances such as medical, educational, support of parent, or other pertinent information concerning your application that you feel it would be beneficial for the Scholarship Committee to know about you? Please explain. (You may attach a separate sheet of paper with your responses to these questions if space provided is insufficient.)

My/our family will be able to contribute \$ _____ toward _____'s
Name of Child

trip to _____ As a participant in a _____
Location of CISV Program Name of CISV Program

Funds available for this CISV experience from friends/relatives \$ _____

My/our child will contribute financially toward the cost of the CISV program through the following activities: _____

My/our child will participate fully in his/her CISV program by attending meetings before the activity and speaking about the program after returning home. I/we will also encourage my/our child to be active in Junior Branch activities.

Please list other organizations, clubs, and activities (including awards, offices held, etc.) in which you and/or your child participate, in addition to CISV _____

List any contributions you have made to the CISV Miami County Chapter (i.e. monetary, volunteering time, in-kind contributions, leadership roles etc.)



Last name: _____

CERTIFICATION OF ALL PERSONS APPLYING FOR CISV SCHOLARSHIPS

I hereby certify and affirm that:

1. I need financial aid in order for my child to attend the following CISV program.
2. I understand that if I receive financial aid from any other source, I have the responsibility of advising the Scholarship Committee of the outside aid, if and when such aid exceeds \$100.
3. I also understand that an offer of aid through the Scholarship Committee is made in good faith, but may be reduced or cancelled if funds become unavailable or if sound policy or administrative practice should dictate.
4. If I (we) can, in the future, we will repay the amount of scholarship assistance in the form of a donation to the CISV Miami County Scholarship fund thus helping another deserving young person to participate.
5. I (we) understand that the scholarship is contingent upon selection.
6. The proceeds from any refunds or overpayment of airfare will be allocated in their entirety back to the CISV Miami County chapter.
7. The information submitted in this application is true and complete to the best of my knowledge and belief.

I certify that I have read this entire agreement/application and that I understand its contents. Any additional questions by me will be submitted in writing to the scholarship chair.

Mother/Guardian's Signature _____

Date_____

Father/Guardian's Signature _____

Date_____

We pledge to participate fully in CISV activities and acknowledge our responsibility to the CISV Miami County chapter by providing volunteer services.

Applicants Signature_____

Date_____

Mother/Guardian's Signature _____

Date_____

Father/Guardian's Signature _____

Date_____