TEL: 724-287-3222 **WEB:** ccistravel.com **EMAIL:** info@ccistravel.com
ADDRESS: 301 S Tubb St. #E-2 Oakland FL 34760

Student Grant Nomination Form **(need based)**

I understand that only the Nominee's teacher (representing this group), Guidance Counselor or Principal may submit Student Scholarship nominations for students in grade K-12 or under the age of 18. _____(Initials)

Is this the first time you have nominated a student for a CCIS Student Scholarship?

○ Yes ◉ No

Nominee Information

First Name: Date of Birth:

Last Name: Grade:

Parent/Guardian Email:

Nominator Information

Nominator First Name: Phone:

Nominator Last Name: Email:

Organization/School:

Title/Position (Select One)

☐ Teacher ☐ Principal

☐ Band Director ☐ Group/Cub Leader

☐ Choral Director ☐ Counselor

☐ Orchestra Director ☐ Other:

School / Group / Program Information

Organization: Phone:

Address Line 1:

Address Line 2:

City: State: Zip:

Country: Fax:

Trip Information:

Group Name: Trip Destination:

Departure Date: Return Date:

Funding Information:

Total Trip Cost (per Student/Individual):

Amount Raised to Date:

Other sources of funding (Please mark all that apply):

- ☐ Parents
- ☐ Fundraising
- ☐ Student Savings
- ☐ School Funds
- ☐ Grants/Other Scholarships
- ☐ Loans
- ☐ Other

Amount Desired: Final Payment Deadline:

What are the circumstances and/or needs for which this nominee should be considered?

How would you see this travel opportunity enriching the life of the nominee?

Please note service and citizenship in the classroom and/or community, demonstrated leadership, community involvement/volunteering, etc.:

Optional Note - This note can include, but is not limited to the following: Parental/Legal guardians, a letter from the nominee, etc. (Max 500 words):

By submitting this form, I agree that: The parent or guardian of this student is/are aware that i am applying for a scholarship to be granted in the name of the student. They have consented to share personal information with CCIS, Inc. Personal information includes but is not limited to name, telephone number, address and email address of both the parents or guardians, and the student.

Name of Person Completing Application:

Signature of Person Completing Application:

Date Application completed/Submitted:

Please complete form, sign and return via email to info@ccistravel.com