

TEL 724.287.3222 I 800.432.5095 FAX 724.287.5333 WEB ccistravel.com EMAIL info@ccistravel.com ADDRESS 297 Pittsburg Rd., #2-B, Butler, PA 16002

## Student Grant Nomination Form (need based)

(Initials) I understand that only educators, school officials or group leaders may submit Student Scholarship nominations for students in Grade K-12 or under the age of 18.

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

No

Yes

| Nominee Information  |  |  |
|--|--|--|
| First Name:  |  |  |
| Last Name:   |  |  |
| Date of Birth:   |  |  |
| Grade:   |  |  |
| Parent/Guardian Email:   |  |  |
| Student Email:   |  |  |
| Is the Nominee aware that this application is being completed on their behalf? |  |  |
| Yes  |  |  |
| No   |  |  |
|  |  |  |

## **Nominator Information**

Nominator First Name:

Nominator Last Name:

Organization/School:

Title/Position: (select one)

Teacher

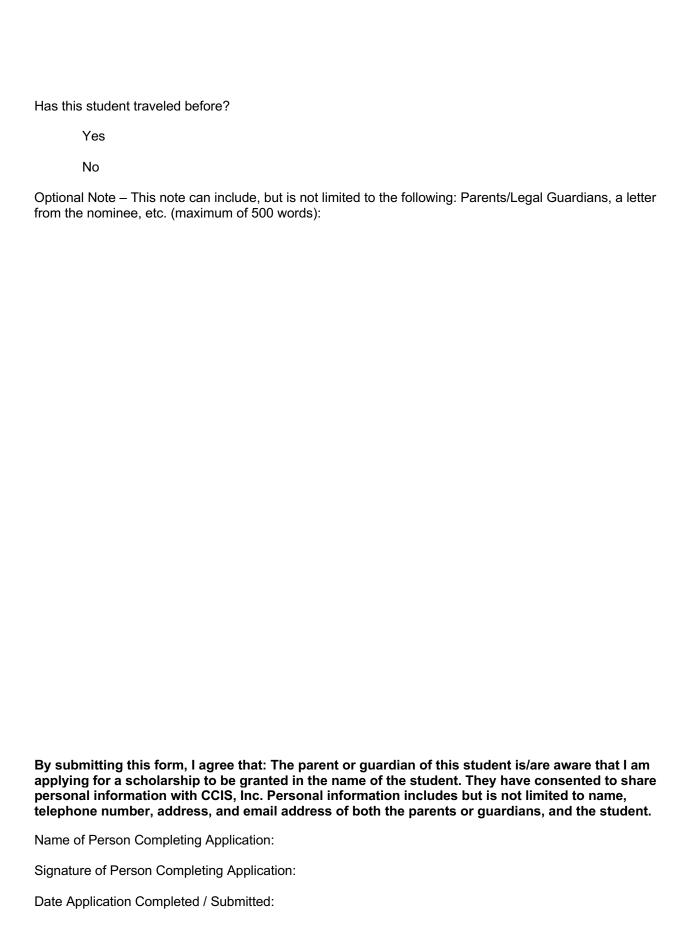
Music Director

|                   | Band Director                      |
|-------------------|------------------------------------|
|                   | Choral Director                    |
|                   | Orchestra Director                 |
|                   | Principal                          |
|                   | Coach                              |
|                   | Group/Club Leader                  |
|                   | Counselor                          |
|                   | Other:                             |
| Phone:            |                                    |
| Email:            |                                    |
| <u>School</u>     | / Group / Program Information      |
| Organiz           | zation:                            |
| Phone:            |                                    |
| Address           | s Line 1:                          |
| Address           | s Line 2:                          |
| City:             |                                    |
| State:            |                                    |
| Postal/2          | Zip Code:                          |
| Country           | r:                                 |
| Fax:              |                                    |
| Trip Inf          | <u>formation</u>                   |
| Trip Destination: |                                    |
| Departure Date:   |                                    |
| Return            | Date:                              |
| <u>Fundin</u>     | g Information                      |
| Total Tr          | rip 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 Pa   | ayment Deadline:   |  |
| <b>5</b>   | aturata di Nico da   |  |
| <u>Jemon</u>   | strated Needs  |  |
| Please   | choose any that apply to the individual:                                       |  |
|  | Enrolled in a Title I School   |  |
|  | High Percentage of group qualifies for school lunch program (50% or more)      |  |
|  | Part of School / Institution Scholarship Program                               |  |
|  | AVID (Advancement Via Individual Determination) Program Participant            |  |
|  | Youth Enrichment Programs  |  |
|  | ADA/Disability   |  |
|  | Other:   |  |
| What ar  | re 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.:



If you'd prefer not to create a digital signature, feel free to print the completed form, sign, and then scan and email to info@ccistravel.com or fax to 724.287.5333.