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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?

Yes

No

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:

School / Group / Program Information

Organization:

Phone:

Address Line 1:

Address Line 2:

City:

State:

Postal/Zip Code:

Country:

Fax:

Trip Information

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:

Demonstrated 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 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.:

Has this student traveled before?

Yes

No

Optional Note – This note can include, but is not limited to the following: Parents/Legal Guardians, a letter from the nominee, etc. (maximum of 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:

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.