APPLICATION FOR:

CESS Scholarship Awards Program

Dear Athletic Director,

Below you will find an application for the CESS Scholarship Program. You are able to submit either one or two athletes who you feel best fit the criteria below. You will then need to work with that student and his/her parents to determine which sports camp they would like to attend. Please fill in all the information below. Submit this form, receipts and a thank you note from the student, to the CESS treasurer at the fall meeting. Thank you for helping CESS enable our athletes to further their God-given talents.

Criteria

1. The athlete has shown a Christ-like attitude by showing sportsmanship both on and off the field/court.
2. The athlete has shown a desire to improve his/her skills.
3. The athlete's family has shown financial need.

- If none of your athletes fall into category 3, use categories 1 and 2 only

Information

Requesting reimbursement for ____ *(number of athletes)* reimbursement(s).

First athlete's name: _____ Name of camp: _____

Sporting camp cost: $_____

Reimbursement request: $_____

Second athlete's name: _____ *(if applicable)* Name of camp: _____

Sporting camp cost: $_____

Reimbursement request: $_____

Total reimbursement request: $_____

Each school may request **one of the following**: $200 for one student or $150 each for two students

☐ Cheque made out to: _____ *(School Name)*

School Mailing Address: _____

☐ Send an eTransfer to: _____ *(School Name)*

Email: _____

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Email **Sue Kluska** at sue@deltachristianschool.org

Send receipts to: Sue Kluska
CESS Treasurer
c/o Delta Christian School
4789 - 53rd Street