

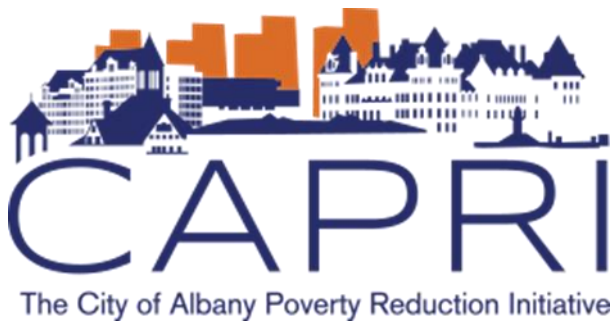
SCHOLARSHIP APPLICATION

Last Name:	First Name:		
Mailing Address Street: City: State: Zip:			
Daytime Telephone Number: () Email Address:			
Are you the first person in your family to go to college:			
Are you currently in high school? If not, did you receive your high school diploma or equivalent?			
Have you ever attended college or any training programs? If yes, did you complete the program?			
Please list the certificate program/professional license you plan to pursue:			
Please list the cost of the program and the amount of your request (up to \$2,500 available):			
Is your parent, legal guardian, or family member an employee of CAPRI? Yes_____ No_____			
If your answer is 'yes' please answer blocks A, B, C below.			
A.	His/her full name:		
B.	Name of CAPRI/CARES:	C.	Department Name:
Name of referral agency/individual:			
Are there other funding opportunities you could apply for to pursue this program or degree? If yes, please briefly explain:			

REFERRAL PROCEDURE:

Please attach a letter of recommendation from the referral agency/individual attesting to your suitability for this scholarship. The letter should address the following topics:

- **The applicant's commitment to the program.**
- **The applicant's ability to successfully complete the program.**
- **How the agency is prepared to assist the applicant throughout the process. For example, should an issue with transportation or childcare arise, how will the agency assist the applicant and facilitation the successful completion of the program?**



Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to CAPRI Scholarship policy, I must make every effort to be present at any potential awards ceremony reception to receive my award.

I hereby understand that if chosen as a scholarship winner, according to CAPRI Scholarship policy, it is my responsibility to remit the appropriate information for my scholarship to be paid directly to my certifying institution for my training session.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

To Be Completed by Referral Agency

Name of referral agency: _____

Signature of individual referring applicant: _____ **Date:** _____

Contact Phone: _____ **Contact Email:** _____

Email Completed Application: tmcgee@caresny.org

OR

**Mail or Deliver to:
CAPRI Scholarship
c/o CARES Inc.
200 Henry Johnson Blvd
Albany, NY 12210**

Deadline for application: rolling deadline until funds are exhausted.