

CII-Kirby Family Legacy Scholarship Program Application

(Download, complete and email to lec@cii2.org)

Name: _____

Address: _____

City: _____

State / Province: _____ Postal Code: _____

Country: _____

Telephone: _____ Email: _____

CII Sponsor: _____

Relationship: _____

Name of University or College: _____

City & Country: _____

Name of Dean or Academic Advisor: _____

Email address or phone # for above: _____

Currently enrolled: Yes _____ No _____ Year enrolled: _____ Current year: Fr ___ So ___ Jr ___ Sr ___ Grad ___

Currently applying: Yes _____ No _____ Year attending: _____

I _____ certify that all of the above information is true and correct. I understand that any falsification of any information on this application will cause the application to be rejected and disqualify me from any future consideration. I understand that any and all decisions regarding my application for scholarship funds made by the Committee are final and not subject to review or appeal. Should I be awarded funding, I agree that my photograph and name can be published in the CII newsletter and/or the CII website.

Date: _____ Signature: _____

I _____ a member of CII in good standing, certify that the above named applicant is eligible for consideration of a CII-Kirby Family Legacy Scholarship as he/she is either a CII member or direct family member as defined in the Scholarship Rules & Regulations published on the CII website.

Date _____ Signature: _____