

Canastota Student Scholarship Fund  
Application for Assistance

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_ 1st Period teacher \_\_\_\_\_

Activity assistance is needed for \_\_\_\_\_

Cost of activity \$ \_\_\_\_\_

Amount I am asking for \$ \_\_\_\_\_

Person in charge of activity \_\_\_\_\_

Brief description of why I need the supplementary funds \_\_\_\_\_

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Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please attach other information if necessary.

Return this confidential document to Michaela Muench CHS room 130