

CISV BRANDYWINE VALLEY  
APPLICATION FOR SCHOLARSHIP/FINANCIAL ASSISTANCE

Mail to: Brandywine Valley CISV; Scholarship Committee  
P.O. Box 542, Westtown, PA 19395

NAME OF YOUTH DELEGATE APPLICANT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_ Male \_\_\_ female AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

PROGRAM APPLYING FOR:

VILLAGE \_\_\_\_\_ INTERCHANGE \_\_\_\_\_ J.C. \_\_\_\_\_ SEMINAR CAMP \_\_\_\_\_ SUMMER CAMP \_\_\_\_\_

PASSPORT VILLAGE (day-camp) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

(IF DIFFERENT THAN CHILD'S)

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

(IF DIFFERENT THAN CHILD'S)

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

PARENTS' MARITAL STATUS \_\_\_\_\_ MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED

IF SEPARATED OR DIVORCED, WHO IS CUSTODIAL PARENT? \_\_\_\_\_

NAMES AND CURRENT AGES OF BROTHERS OR SISTERS \_\_\_\_\_

TOTAL NUMBER OF FAMILY AND NON-FAMILY MEMBERS AT HOME/EXPLAIN

(I.E. GRANDPARENTS, ETC.) \_\_\_\_\_

TOTAL NUMBER OF FAMILY MEMBERS NOT AT HOME / EXPLAIN (I.E. AWAY AT COLLEGE)

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FAMILY'S GROSS ANNUAL INCOME FOR PAST 2 YEARS:

LAST YEAR: \$ \_\_\_\_\_ PREVIOUS YEAR \$ \_\_\_\_\_

OWN HOME/AMT. OF MONTHLY MORTGAGE \$ \_\_\_\_\_

RENT/AMT. OF MONTHLY PAYMENT \$ \_\_\_\_\_

OTHER (PLEASE EXPLAIN) \_\_\_\_\_

APPROX. VALUE OF HOME \$ \_\_\_\_\_ APPROX. EQUITY \$ \_\_\_\_\_

IF APPLICABLE, MONTHLY AMOUNT OF  
ALIMONY \$ \_\_\_\_\_ CHILD SUPPORT \$ \_\_\_\_\_

PERSONAL FUNDS AVAILABLE FOR THIS CISV EXPERIENCE \$ \_\_\_\_\_

FUNDS AVAILABLE FOR THIS CISV EXPERIENCE FROM FRIENDS/RELATIVES \$ \_\_\_\_\_

EXPLAIN THE CIRCUMSTANCES THAT MAKE IT NECESSARY TO REQUEST  
SCHOLARSHIP/FINANCIAL ASSISTANCE (ATTACH ADD'L PAGE IF NECESSARY TO PROVIDE COMPLETE EXPLANATION):

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LIST ANY CONTRIBUTIONS YOU HAVE MADE TO CISV (I.E. MONETARY, VOLUNTEERING TIME, IN-KIND CONTRIBUTIONS, LEADERSHIP ROLES, ETC.)

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APPROXIMATE DOLLAR AMOUNT OF SCHOLARSHIP REQUESTED \$ \_\_\_\_\_

**STATEMENT OF PARENTS OR GUARDIAN(S)**

I (We) agree to accept the decision of the Executive Committee. I (We) understand that all application information will be kept strictly confidential by the Scholarship Committee and Executive Committee, and that we are not to disclose any information to others regarding scholarship awards. I (We) also commit to support the Brandywine Valley Chapter with my (our) volunteer support during the next two years (volunteer requirement omitted for Passport Village day-camp).

In the future, if I (We) are able to provide a donation to the Scholarship Fund, we will do so in order to help another deserving young person to participate.

I (We) verify that all information provided in this application is, to the best of my (our) knowledge, accurate and complete.

\_\_\_\_\_  
Mother/Guardian date

\_\_\_\_\_  
Father/Guardian date