

Cumberland Lusitana Premier United

GRANT APPLICATION



Parent/Guardian Name: _____

Permanent Address: _____

Scholarship Committee Use Only

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip : _____

Best Contact Number: _____ Email: _____

Applicant's Name: _____

Age of Applicant: _____ Date of Birth: _____

Gender: _____ Race / Ethnicity: _____

Choose the type of support you are applying for? Full Support or Partial Support (Define here) \$ _____

If needed, can you provide more information regarding your financial need? _____ Yes _____ No

Parent/Guardian Signature _____ Date _____