



building global friendship  
smoky mountain chapter

# FINANCIAL AID APPLICATION

2023

**Please fill in the blanks within pdf, save, and return via email.**

This financial aid application will be used for the purpose of awarding and administering financial aid to traveling delegates. If more than one delegate per family is seeking financial aid, please complete a separate form for each delegate. Please provide as complete information as possible. If information sought with respect to a parent who does not reside with the other parent is unknown, please provide an estimate if possible. Alternatively, parents may submit two forms in lieu of a single form.

All information provided in connection with this application will be shared only with Smoky Mountain CISV Scholarship Committee members.

*Note: In limited circumstances and for limited purposes, information may be shared with the delegation leader (when appropriate), the CISV Smoky Mountain Board of Directors and CISV USA (such as for the purpose of investigating a charge of providing false information or so that the chapter may obtain matching funds).*

**This application should be submitted to the CISV Smoky Mountain Scholarship Committee by **March 31, 2023**. The form may be scanned/emailed to [SmokyMtnScholarship@cisvusa.org](mailto:SmokyMtnScholarship@cisvusa.org) or posted to **CISV Smoky Mountain, Attn: Scholarship Committee, PO Box 11265, Knoxville, TN 37939**. The complete application should include:**

- **This completed, signed document**
- **Completed Budget Worksheet for desired program**  
(please note: additional information or income verification may be requested.)

## APPLICANT INFORMATION

**Applicant's Full Name**

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**Applicant's Preferred Name**

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**Gender (check)**

Male    Female

**Date of Birth**

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**Current Grade & School**

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**Program (check)**

Village	Interchange	Step-Up
Junior Counselor	Seminar Camp	Youth Meeting

**Year of Travel**

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**Permanent Mailing**

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**Address**

<b>PARENT/GUARDIAN DETAILS</b>				
	<u>Parent/Guardian 1</u>		<u>Parent/Guardian 2</u>	
<b>Contact Details</b>				
<b>Name</b>				
<b>Address</b>				
<b>City, St, Zip</b>				
<b>Phone Contact</b>				
<b>Email Contact</b>				
<b>Employment Information</b>				
<b>Paid Employment (circle)</b>	Full-time	½ - time	Full-time	½ - time
	< ½ - time	None	< ½ - time	None
<b>Position &amp; Employer (if applicable)</b>				
<b>Annual Adjusted Gross Income</b> <small>(wages, dividends, capital gains, business income, retirement distribution or other sources)</small>				
<b>Housing Information</b>				
<b>Is home rented or owned (circle):</b>	Rented	Owned	Rented	Owned
<b>Monthly Rent or Mortgage Amount:</b>				
<b>Current Market Value of Home (if owned):</b>				

Please explain with which parents (including step) or guardians the applicant lives and, if child does not live in the same household with both parents, who provides what degree of support for the applicant. Also indicate if one or both parents is/are deceased.

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**SIBLINGS and OTHER DEPENDENTS**

Please list any siblings (including step) who rely on applicant's parents/guardians for financial support. Indicate if siblings/dependents are enrolled in school/college/other training which requires tuition payments or other financial assistance outside normal living expenses from applicant's parents/guardians. and their ages, and indicate which if any will be enrolled in college or other education on at least a half-time basis during this or the following academic year (include course of study, year in school and institution if known).

<b>Sibling/Dependent</b>	<b>Age</b>	<b>Enrolled (circle)</b>	<b>Institution and Course of Study</b>	<b>Remaining Years</b>
		Full - time ½ - time < ½ - time none		
		Full - time ½ - time < ½ - time none		
		Full - time ½ - time < ½ - time none		
		Full - time ½ - time < ½ - time none		
		Full - time ½ - time < ½ - time none		
<b>Other Dependents Name</b>	<b>Age</b>	<b>Relationship</b>	<b>Nature of Relationship and Expected Duration of Dependency (if known)</b>	

If the applicant is or were to be enrolled in a school participating in the USDA free or reduced lunch-fee program, would s/he be eligible to receive free or reduced-fee lunch?    YES    NO

**PARENT(S) / GUARDIAN(S) STATEMENTS**

If there is other information you believe relevant for consideration by the Scholarship Committee, such as recent job interruption, a reduction in hours or pay, extraordinary medical expenses, etc., please feel free to explain below or attach additional sheets.

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I am/We are requesting scholarship support on behalf of this applicant because:

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Please indicate if your family has previously received Financial Aid for a CISV program

Program: \_\_\_\_\_ Year: \_\_\_\_\_ Recipient: \_\_\_\_\_

Program: \_\_\_\_\_ Year: \_\_\_\_\_ Recipient: \_\_\_\_\_

**FINANCIAL CONTRIBUTION**

Will applicant contribute toward program costs through part-time and/or summer job(s) or personal fundraising activities? (circle one):	YES	NO
If yes, what is the applicant's financial goal? (include this amount in your family's total expected allocation)	\$	_____
My/Our family (including all gifts or loans from family members) expect to be able to allocate the following maximum amount toward expenses related to participation by (applicant named on page1) inclusive of program fees, transportation, leader travel (if applicable for the program) and other related items.	\$	_____
<p><i>Note: this amount should be reasonable with regard to certainty and with regard to impact on family finances. If including assistance from family members, do so having consulted with them. The applicant's parent(s)' or guardian(s)' contributions should be sacrificial without creating an inability to meet existing financial obligations or necessitating the "raiding" of retirement accounts.</i></p>		

**AGREEMENTS AND AFFIRMATIONS**

Please read and check all the following statements  
(Each parent/guardian to initial all points)

 

• I/We agree to support the full participation of the applicant in the above program, especially attendance at all training and preparatory meetings prior to the program and in the debriefing session following the program.

 

• I/We will encourage the applicant to participate in Junior Branch activities before and after the program.

 

• I/We will remain active, committed members of CISV Smoky Mountain Chapter for a period of not less than two years from the beginning of the calendar year in which the applicant accepts a program invitation.

 

• I/We will immediately notify the Scholarship Committee if my/our family receives any financial aid for the applicant's program participation (other than as noted in this application) in excess of \$100, or if the total amount received amounts to more than 25% of the published participation cost estimates.

 

• I/We understand that any offer of aid by CISV Smoky Mountain Chapter is made in good faith but may be reduced or canceled if funds become unavailable or if sound policy or administrative practice should so dictate.

 

• I/We affirm that any funds received from CISV as a part of this financial aid application (whether in terms of waived fees, or cash receipt from the CISV Smoky Mountain Chapter) will be used solely for the stated purpose of assuring the participation of the applicant named on page 1 in the program to which s/he is applying

 

• I/We understand that CISV Smoky Mountain Chapter attempts to provide financial aid to as many families as possible. Therefore, if our expenses are less than projected on the attached Budget Worksheet, we will refund a portion of the financial aid funds so that the Chapter can help other families in need. The refund will be based on a reconciliation process detailed on the Budget Worksheet. We also understand that if our expenses are significantly higher than anticipated, we may request additional funding from the Scholarship Committee.

 

• I/We affirm that the information submitted in connection with this application is true to the best of my/our knowledge and belief, and that an invitation to participate as a representative of CISV Smoky Mountain Chapter may be withdrawn upon a determination by its Board of Directors that false or misleading information has been provided in connection with a program or scholarship application.

**Signatures of parent(s) or guardian(s):**

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*Name* *Relationship* *Date*

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*Name* *Relationship* *Date*