



CNY CHINESE CULTURE CENTER

350 Nottingham Rd • SYRACUSE, NY 13203 • (315) 634-9494 • <http://www.cnyccc.org/> • [info@cnyccc.org](mailto:info@cnyccc.org)

## CHINESE CULTURE CAMP SCHOLARSHIP APPLICATION FORM

Basic Information:												
Last Name:				First Name:				MI:				
Address:				City:			State:		Zip:			
Home Phone #:			Work Phone #:				Cell Phone #:					
Place of Employment:					Business Address:							
Primary E-Mail:												
(To receive information concerning the application)												
Application Details:												
I wish to apply the scholarship for: <input type="checkbox"/> My child/children <input type="checkbox"/> Myself <input type="checkbox"/> Others (Please specify):												
Number of participant(s) that I wish to apply a scholarship for:												
Participant Information:												
Last Name:				First Name:				MI:				
Relationship to Applicant:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date:		Age:				
Participants Information: (If More Than One)												
Last Name:				First Name:				MI:				
Relationship to Applicant:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date:		Age:				
Last Name:				First Name:				MI:				
Relationship to Applicant:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date:		Age:				
Last Name:				First Name:				MI:				
Relationship to Applicant:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date:		Age:				
Agreements:												
<p>1. I affirm the information contained herein is true and accurate to the best of my knowledge and belief;</p> <p>2. I understand that the deadline for the completion and submission of the Scholarship Application Form is _____, the Chinese Culture Center holds the right to decline any applications submitted after the deadline;</p> <p>3. I understand that the Chinese Culture Center reserves the right to decide on the number and the amount of scholarship(s) awarded to the participant(s).</p> <p>4. I understand that if I wish to decline or reduce the scholarship(s) awarded to me, I will be responsible for contacting the Chinese Culture Center on or before _____ with a written request;</p>												
											Date: _____	
<p>_____</p> <p>Applicant or Parent/Guardian's Signature</p>												



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**Application Details (Continued):**

I wish to apply for scholarship because:


**CHINESE CULTURE CENTER USE ONLY:**

Application Number:		Applicant's Name:	
Total Amount Requested:		# of Recipient(s):	
Scholarship Granted	<input type="checkbox"/>	Application Receive Date:	
Scholarship Declined	<input type="checkbox"/>	Reply Email Sent Date:	
Scholarship Cancelled*	<input type="checkbox"/>	Cancellation Reason*:	
Special Remarks (If Any):			