



CHESS ENRICHMENT ASSOCIATION

SCHOLARSHIP APPLICATION

PART 1:

STUDENT & FAMILY CONTACT

Application for Event/Camp: _____

Name: _____

School: _____ Grade: _____

Student Date of Birth: (mm/dd/yy): _____

Parent/Guardian Name(s): _____

Student Email: _____

Parent/Guardian Email: _____

Primary Phone: (____) _____ Secondary: (____) _____

Street or P.O. Box _____

City: _____ State: _____ Zip: _____

PART 2:

CHESS INFORMATION

Years Played: _____ Rating (if rated): _____

Tournaments Played: _____

Other chess accomplishments, awards, honors: _____

PART 3:

FINANCIAL INFORMATION

In School Lunch Program?: _____ If Yes, %: _____

What portion of tuition/fees can you reasonably pay?: _____

Brief description financial situation which you feel qualifies applicant for a scholarship: _____

Please briefly describe the reason(s) behind your scholarship request. (Financial need and/or income level, family size, disability, exceptional chess achievement, other extraordinary circumstances, etc.)

PART 4:

I CERTIFY THAT THIS INFORMATION IS CORRECT

Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

All information will be used by the Chess Enrichment Association for the sole purpose of evaluating scholarship applications, and will be kept strictly confidential. Please return this form to: Elliott Neff: Elliott.Neff@Chess4Life.com