

**CARY INSTITUTE OF ECOSYSTEM STUDIES**

**APPLICATION FOR SCHOLARSHIP ASSISTANCE UNDER THE SCHOLARSHIP  
PLAN FOR SONS AND DAUGHTERS OF THE CARY INSTITUTE STAFF**

**1. STUDENT SECTION: (Please Print)**

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

SOCIAL SECURITY#: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

STUDENT ID (if different): \_\_\_\_\_

Describe the program in which you are enrolled: \_\_\_\_\_

College or University attending: \_\_\_\_\_

Business/Bursar Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Starting Enrollment Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Expected Graduation Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Term for which scholarship is requested:

Semester Term: Fall: \_\_\_\_ Spring: \_\_\_\_ Summer: \_\_\_\_ Other (Trimester): \_\_\_\_

ARE YOU RECEIVING OTHER FINANCIAL ASSISTANCE?

YES \_\_\_\_ NO \_\_\_\_

IF YES, PROVIDE DETAILS: \_\_\_\_\_

I hereby request that the Institute grant me a scholarship for \$\_\_\_\_\_ (limited to 50% of tuition or \$2000, whichever is less).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**11. EMPLOYEE SECTION (Parent)**

\_\_\_\_\_  
Name (please print) Title Social Security #

I attest that currently the above named student is a dependent of mine as classified by the IRS and I have attached:

1. Evidence of enrollment, including documentation of specification of four-year degree program.
2. Proof of dependent status.
3. Copy of a bill rendered by the institution for the term of the scholarship.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Scholarship applications must be submitted by August for the fall semester, December for the spring semester, and May for the summer session.