



SCHOLARSHIP INFORMATION FORM

Chapter Name/No. _____ Submitted by _____

- 1. Did your chapter give scholarship award(s) to your chapter's student members during this fiscal year? (Circle one) **Yes** **No**

If yes, what was the **total** amount of award(s) given during this period? \$ _____

- 2. Has your chapter requested CABE Headquarters to process your chapter's scholarship award reimbursement? (Circle One) **Yes** **No**

Note: The maximum scholarship reimbursement amount for each Chapter is \$500. Request for scholarship reimbursement after the deadline requirement will not be processed due to the restrictions of available funds allocated in the annual budget.

3. Name of Scholarship(s) _____

4. Date of Award(s) _____

5. Location of Award Site _____

6. Please describe how the award money is processed. Please indicate if the award is given directly to the recipient by your chapter. Is there a school/community scholarship organization? _____

- 7. Please list the recipients and amount of each scholarship:

Name:	Amount:
Name:	Amount:
Name:	Amount:
Name:	Amount:

8. Please *attach school attendance verification* **IF** attendance verified by your chapter. If not, please describe the procedure used for school attendance verification. _____

- 9. Please *attach student biographies*. School scholarship essays may be used.

Please mail or fax to CABE, 16033 E. San Bernardino Road, Covina, CA 91722-3900, FAX (626) 814-4640 **no later than Thursday, July 31, 2009**. Questions can be directed to Irma Gallegos (626)814-441, Ext. 203.

Thank you for your timely response and helping CABE in complying with legal fiscal requirements.