



REQUEST FOR CEP SCHOLARSHIP

Fall 2023

Date _____

Student Name _____

G# _____

Name of School _____

A maximum of 2 courses per semester will be covered under the CEP scholarship. Please include the name of the course(s) and check if the course is a full-year course or a half-year course. Students submitting a scholarship request for a full-year course in Fall are **not** required to submit a scholarship form in Spring.

Name of Course: _____ Full Year Half-Year

Name of Course: _____ Full Year Half-Year

REASON FOR REQUEST

- Free or reduced lunch
- Immediate financial need
- Other (please explain)

High School Representative Name: _____