**ISSAEF Education Chairperson**

**Chapter Scholarship Request Form**

Retain as original. Copy as needed.

|  |  |  |
| --- | --- | --- |
| Chapter Name: | | Chapter Number: |
| City: | State / Country: | Zip: |

At the [ Month Day, Year ] meeting, we voted to participate in the Chapter Scholarship Program. Enclosed is a check or checks payable to the ISSA Education Foundation totaling:

$ [ Amount ]

**Important Note**

When collecting donations, make sure the checks are made payable to ISSA Education Foundation. If donations are funneled through your treasury, the donor will not be able to claim a tax deduction as a charitable contribution.

**Optional Candidate Requirements**

In addition to following standard ISSA Education Foundation scholarship guidelines and eligibility requirements, our Chapter chooses to specify the following options (Chapters may choose to specify any or all of these options):

|  |  |
| --- | --- |
| Candidate must be a resident of | (enter the county, city or state) |
| Candidate must be attending | (enter the name of an accredited college, university, technical or community college) |
| Candidate must be studying | (enter field of study) |
| Candidate must be a | □ Sophomore □ Junior □ Senior □ Graduate student |

|  |  |
| --- | --- |
| Please send the Chapter Scholarship instruction packet to: | (Name & Mailing Address) |

|  |  |  |
| --- | --- | --- |
| Signature: | | Date: |
| Day Phone: | Fax: | |

Email this form to [dpeinert@issa-foundation.org](mailto:dpeinert@issa-foundation.org), or email for fax number.