

CANTON AREA SCHOOL DISTRICT SCHOLARSHIP, PRIZE, AND/OR AWARD APPLICATION FOR APPROVAL

Name of Applicant: _____

Name that the award would be called

Yearly Award: _____

Dollar amount

Is this award expendable or non-expendable? _____

*(Non-expendable awards can only be paid with interest earnings - expendable awards can be paid from interest as well as principle thereby possibly expending and eliminating the award over a period of time) **NON-EXPENDABLE awards will not be approved.***

Consent to irrevocably forward the funds for this award to the Community Foundation for the Twin Tiers:

By signing to the right, I consent to the irrevocable deposit of the funds for this award to be made in the Community Foundation for the Twin Tiers to facilitate our wishes. _____

Signature Required

Special instructions (if any): _____

If not enough space, attach separate sheet.

Description of Award: _____

If not enough space, attach separate sheet.

Application submitted by: _____

Phone: _____

Address for correspondence: _____

Return this form to the C.A.S.D. Administration Office, 509 E. Main St. Canton Pa. 17224

DO NOT WRITE BELOW THIS LINE

BOARD ACTION & DATE: _____

(revised 2/14/2017)