



DOING
THE MOST
GOODSM

THE SALVATION ARMY CAIN SCHOLARSHIP FUND

PURPOSES, PROVISIONS AND TERMS

The Salvation Army Cain Scholarship Fund is for the purpose of better fitting and equipping the applicant for citizenship and a more useful life. Award recipients may reapply and may be considered for subsequent year awards (not to exceed four years total) .

All applications must be submitted in the office by **4:00 pm, March 10, 2017** for consideration for the following grant year. Applicant must submit **all the following** with the application.

QUALIFICATIONS

- 1) Must include a letter of introduction/application from the applicant.
- 2) Must include an acceptance letter for the program applying for.
- 3) Must be a bonafide resident of Nueces County. Bring in the proof along with the application to make a copy. - Drivers License/ State issued ID/ Birth Certificate/ voters registration card or any other official identification
- 4) Must be pursuing either an academic degree, a technical, a vocational associates degree, or a recognized certificate program qualifying the applicant in a specific occupation.
- 5) Must have a letter of recommendation from a teacher or school counselor.
- 6) Must have a letter of recommendation from a minister or employer
- 7) Must establish financial need. Include last year's tax return for yourself and/or any -other tax return, where you have been claimed as dependent.
- 8) Must submit last set sealed, certified transcript and/or certified progress report, or proof of a 9th grade reading level.
- 9) Application must be filled out entirely.
- 10) **Totals in budget form must be equal.** (Income and Expense).
- 11) Must be used for tuition, program fees, books, or professional equipment only.

Please return to: The Salvation Army, Administration Office
521 Josephine St. , Corpus Christi, TX 78401
Monday - Friday, 9:00 a.m. - 11:00 a.m.
1:00 p.m. - 4:00 p.m.



DOING
THE MOST
GOODSM

**THE SALVATION ARMY
CAIN SCHOLARSHIP FUND
APPLICATION AND BUDGET FORM**

Name _____ Ad-
dress _____
City _____ State _____ Zip _____ Phone or Cell Number _____
DOB _____ Martial Status: _____ Email ID: _____

I wish to enter _____ program,
beginning _____ ending _____ SSN # (last 4 digits only) : _____
Address of Financial Aid Office of the College, University or Provider (if any) _____
Zip Code _____

Course of Study Planned (Major) _____ (Minor) _____
Will you attend full-time as defined by the school catalog? YES NO G.P.A _____
Year of Study: Freshman Sophomore Junior Senior Other

GRADES OR TRANSCRIPTS MUST BE SUBMITTED WITH APPLICATION
TENTATIVE BUDGET FOR PROGRAM PERIOD

| Income | | Expense | |
|--|--|---|--|
| Employment | | Tuition and/or Fees | |
| Savings | | Books and/or Supplies | |
| From Parents | | Room & Board | |
| Cain Scholarship Request | | Other School Expenses (specify) | |
| Other Scholarships/Grants | | Other Expenses | |
| Loans | | | |
| Other income | | | |
| TOTAL Must be the same as expense | | TOTAL Must be the same as income | |

I have read this form and hereby make application to The Salvation Army for an Educational grant in keeping with the Purposes, Provisions and Terms of The Salvation Army Cain Scholarship Fund.

By signing this application, you are authorizing us to contact your program and obtain information about your progress and success in the program.

Divisional Finance Board Approval

Applicant's Signature Date

Parent's Signature, Date

Commanding Officer's Signature Date