



MENTOR EXCHANGE

CCYP MENTOR EXCHANGE YEAR IV SCHOLARSHIP APPLICATION FORM Mentor Exchange Class of 2018

Please complete the attached Scholarship Application Form and submit by November 17, 2017. The form should be signed and dated. Please email the completed form to CCYP at info@capecodyoungprofessionals.org.

The primary criteria used to determine scholarships will include financial need, community involvement and volunteer service, as well as professional and personal achievements.

1. Which scholarship level are you applying for? Please note that CCYP retains the right to provide scholarships at levels that differ from those noted below.

\$50 (Net fee of \$200)

\$125 (Net fee of \$125)

\$250 (Net fee of \$0)

2. In the space provided, please tell us more about why you will be a great member of the Mentor Exchange program. Your answer should describe your community involvement, volunteer service and professional/personal achievements.



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3. In the space provided, please explain the financial need that has lead you to apply for a scholarship for the Mentor Exchange program.

4. Will your employer pay for a portion of your Mentor Exchange program? If so, at what level?



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Thank you so much for your interest in Mentor Exchange. You will receive notification regarding your scholarship application by Monday, Nov. 28, 2016 through the email provided below.

Name: _____

Title: _____

Business Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____