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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | | | | |
|  | | | | | | | |
| **Address** | | | | | | | |
|  | | | | | | | |
| **City** | | |  | **State** |  | | **ZIP Code** |
|  | | | |  | |  | |
| **Name of Intended College/University Attending in the fall** | | | | | | | |
|  | | | | | | | |
| **Telephone** |  | **E-mail** | | | | | |
|  | | | | | | | |
| **School Currently Attending** |  | **Expected Graduation Date** | | | | | |
|  |  |  | | | | | |
| **Name of School Guidance Counselor** |  | **Counselor Contact Info (phone/e-mail)** | | | | | |
|  | | | | | | | |
| **Name of Community Association in which I Live (if applicable)** | | | | | | | |
|  | | | | | | | |
| **How did you hear about the scholarship contest?** | | | | | | | |
|  | | | | | | | |

I certify that all information provided herein is true and accurate; that I have personally drafted my essay or created my media presentation without assistance; and that WMCCAI has the authority to verify all statements provided from appropriate sources and confirm all sources referenced herein may release such information.

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**Signature** **Date**