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Suite 100 West

Falls Church, VA 22043

703.750.3644 MAIN

703.941.1740 FAX

www.caidc.org

|  |
| --- |
| **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**