



Special Education Advocates League, SEAL

Josef Cunningham Scholarship Application

Application Due By: May 1st
Notification of Scholarship June 15th

All fields must be filled out legibly

Child's Name: _____

Mailing Address: _____

Guardian Name: _____

Phone Number: _____

Email Address: _____

Diagnosis: _____

Child's Age/DOB: _____

Do you give permission for media coverage?

Yes or No

How did you hear about the Josef Cunningham Scholarship? _____

Please briefly describe how the funds will be used along with any additional information you would like to share with the Josef Cunningham Scholarship Review Committee.



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Funds will go directly to the service provider, vendor, retailer, or organization listed on the application. Please provide the contact information below:

Name:

Mailing Address:

Phone Number:

I certify that by submitting this application I understand the terms of this scholarship, and that my answers are true and complete.

Signature:

Print Name:

Date:

The Josef Cunningham Scholarship Review Committee reserves the right to approve or deny according to their policy and procedures. No applicants will be discriminated against based on their race, gender, religion, physical or mental disability, national origin, or similar factors. The information provided with this application is confidential and HIPPA Compliant.

Please return to Special Education Advocates League, SEAL