

CENTENNIAL ALUMNI FOUNDATION STUDENT APPLICATION

Mission Statement: To promote a school culture of involvement and student success by providing financial support to a wide range of students and/or programs who want to participate in a co-curricular activity but need financial assistance.

Thank you in advance for filling out this form completely prior to submission.

Date _____

1. General Information

Student/Staff Name _____
Graduation year if applicable _____
Group or Activity of Participation _____

2. Please provide the following information:

What is the student/program need? (Fees for participation, musical instrument, clothing, etc)

3. Staff (Advisor, Coach, Teacher, etc)

Who will benefit, and how _____
Number of students impacted _____
What is the financial need and why? _____
What other funds have been raised toward this request? _____
Long-term impacts _____
Email address of person completing this form _____

4. Amount requested _____
Date needed _____
Applicant Signature _____
When application is complete, return to Daunte Gouge, CHS daunte.gouge@csd28j.org
Administrative Recommendation _____

5. CHS ALUMNI FOUNDATION SIGNATURE _____
Accepted _____ Rejected _____
Amount Granted _____
Date _____

Email- Centennialalumnifoundation@gmail.com Website- www.centennialalumnifoundation.org

As of December 9, 2025