

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 an 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_____

Sponsor/Teacher Signature_____

When application is complete, return to Daunte Gouge, CHS daunte.gouge@csd28j.org

5. CHS ALUMNI FOUNDATION SIGNATURE_____

Accepted_____ Rejected _____

Amount Granted _____

Date _____

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

As of December 1, 2025