Greece Chamber Charitable Foundation

Julie Marie Kuppinger Memorial Scholarship Fund

Application

Name of Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

School: _____

Foreign Language Teacher: _____

Please tell us why you are interested in participating in the cultural exchange trip and what you expect to receive from it:

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_____

Amount Requested: _____ Date Needed: _____

Student Signature: _____

Parent or Guardian Signature: _____