



AIM-CIL

Educational Scholarship Program Application

Name: _____

Age: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Disability: _____

(Please provide proof of disability by attaching IEP/Section 504 Plan, Social Security Letter, or Note from Doctor.)

Name of Educational Institution _____

Semester Applying for: _____

Student Signature: _____

AIM-CIL staff Signature: _____