



The Celina Association for Renaissance Excellence

Celina High School College Scholarships

Recipients chosen by C.A.R.E. Selection Committee

Section to be completed by Contributor:

Donor: _____ Phone #: _____

Donor address: _____

Donor email: _____

Amount of Scholarship(s): \$ _____

Check and form can be mailed to C.A.R.E. PO Box 116, Celina, TX 75009

Additional criteria identified by donor to be considered (such as career field, type of school)

Donor signature: _____ Date: _____

Awards Ceremony is TBD.

Donor will present at awards ceremony YES or NO

Name of individual who will present: _____

This section completed by C.A.R.E.:

Received by: _____ Date: _____

Deposit date: _____

Recipient: _____ Amount \$ _____

Recipient: _____ Amount \$ _____

Recipient: _____ Amount \$ _____

Recipient: _____ Amount \$ _____

Recipient: _____ Amount \$ _____

