



Re: Application for Delaware Cottey College Program Travel Assistance

(Month dd, yyyy)

Dear (name of applicant):

Thank you for requesting this application. **The Delaware Cottey College Scholarship Fund** has been established through voluntary gifts and contributions from Delaware P.E.O. (Philanthropic Educational Organization) chapters and memorial gifts, bequests and accrued interest. We are excited about your interest in Cottey College and we look forward to reviewing your application.

**The Delaware Cottey College Travel Assistance Plan** provides funds up to \$1000 to use towards travel costs for the prospective student and one parent/guardian to visit the school for a Cottey-sponsored introduction program.

In order to be considered for **Delaware Cottey College Travel Assistance**, you must be a resident of Delaware and submit the completed application to the Chairman of the DE Cottey College Committee. It is important to submit this information in a timely manner to allow time to process the application. If emailed, your signature may be typed.

Once received, the DE Cottey College Committee will review all information and determine your eligibility and the amount of the reward.

Again, thank you and please do not hesitate to contact me if you have any questions.

Sincerely,

Brenda Bouton  
Chairman DE Cottey College Committee

197 Meadow Brook Lane, Milford, DE 19963  
603-393-1275  
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02/22/2022

**Delaware Cottey College Program**  
**Travel Assistance Plan**  
*Application Form*

APPLICANT INFORMATION		
Name:		
Date Attending: (dd/mm/yyyy)		
Transportation by <input type="checkbox"/> plane <input type="checkbox"/> car <input type="checkbox"/> bus		
Estimated transportation cost(s) _____ (Please retain all receipts for submission.)		
Current school grade:		Current GPA:
Date of birth:	Phone:	
Permanent address:		
City:	State:	ZIP Code:
Email:	Name of High School:	Graduation Date:
PARENT/GUARDIAN INFORMATION		
Name:		
Permanent address: (if different from above)		
City:	State:	ZIP Code:
Phone:	Occupation:	Employer:
Email:		
WHY ARE YOU INTERESTED IN COTTEY COLLEGE?		
WHY ARE YOU APPLYING FOR THIS SCHOLARSHIP?		
SIGNATURE		
I verify the information provided on this form is correct. I authorize the information to be used by the Delaware Cottey College Committee.		
Signature of applicant:	Date:	