



**IMCOM Europe CYS Scholarship Application**



*Due to Region CYS Office Ruth Ploeger and Alexa Simmons not later than 24 July 2018*

<b>Course: CDEC 1359 Children with Special Needs</b>		Term Dates:	<b>10 Sept-04 Nov 2018</b>
Name:		Installation:	
PCS Date: Date or N/A		DOH:	
Facility:		Program Director:	
Position:		Position Grade:	
Email:			

<b>Employee's Standard NAFI Number:</b>	
---	--

I have read, understand, and agree to the terms outlined in the IMCOM Europe Child & Youth Services (CYS) Employee Scholarships for Undergraduate College Courses SOP.  
 SOP available on MWR scholarship website. [Europe.armymwr.com/scholarshipcyss](http://Europe.armymwr.com/scholarshipcyss)

I understand if I terminate course enrollment on or after class start date or receive a grade lower than a "C" that I am indebted to CYS for the cost of the scholarship and I am responsible to repay CYS all scholarship costs. Cost may be prorated depending upon drop date.

**Employee Signature** Date

I certify this employee is current on CYS training.

**Training Specialist Signature** Date

I certify this employee has demonstrated satisfactory performance and is not under disciplinary action at this time.

**Program Director Signature** Date

Garrison CYS Coordinator:  
**If candidate is not direct care staff, please include a justification why they should be considered for the Scholarship Program.**

I approve of this candidate participating in the CYS Employee Scholarship Program

**Garrison CYS Coordinator Signature** Date

I approve of this candidate participating in the CYS Employee Scholarship Program.

**IMCOM Europe CYS Approving Official Signature** Date