



IMCOM Europe CYS Scholarship Application



Due to Region CYS Office Ruth Ploeger and Alexa Simmons not later than 28 Nov 2018

CDEC 2341 The School Age Child		Term Dates:	28 Jan- 24 Mar 2019
Name:		Installation:	
PCS Date: Date or N/A		DOH:	
Facility:		Program Director:	
Position:		Position Grade:	
Email:			
Employee's Standard NAFI Number:			
<p>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 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.</p>			
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	