Graphical user interface

Description automatically generated with medium confidence

**Missy Crane Worden Scholarship Fund Application**

Missy was the Atlanta Chapter Selection Chair from 2017-2019. Although her time was short, her impact was huge. She was an integral part of recruiting, selecting, and organizing CISV participants for numerous summer programs until her unexpected death in 2019. It is in appreciation of her service and to honor her memory that this scholarship fund is available for future CISV participants.

To be considered for this award, please provide the following information, and attach past 2 years of tax returns:

First, middle and last name of youth delegate\_Timothy Asher Dixon Ledford

Address\_\_\_\_\_1931 Waterfront Way Conley, GA 30288

Youth email\_\_\_\_\_\_\_\_supertimothyx@gmail.com

Date of birth of youth delegate\_\_\_\_9/02/09

School youth delegate Ron Clark Academy

CISV summer program accepted for\_\_\_\_Miami 2024

Parent’s names and addresses\_\_\_\_Yvette Ledford (address same as above)

Parent’s emails\_\_\_\_\_\_dixonledford@gmail.com

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Parent’s cell (912)531-4813

Mother’s employer and occupation\_\_\_\_\_\_\_\_teacher

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Father’s employer and occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent’s marital status\_\_\_\_\_\_\_\_\_\_\_\_\_divorced

Family’s gross annual income (from last year’s tax return)

Family’s gross annual income (from previous year’s tax return)

Amount available for this Cisv experience:

from bank/loans\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from relatives/friends/fundraising\_\_\_As of now, we have not began fundraising. However, we will do so.

Amount of scholarship assistance needed (max $500)\_\_\_\_\_\_\_\_\_\_\_\_\_\_MAXIMUM

Additional comments for the committee to consider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STATEMENT OF PARENT(S) OR GUARDIAN(S):

I (We) agree to accept the decision of the Scholarship Committee. I (We) understand that all application information will be kept confidential by the Scholarship Committee and that we are not to disclose any information to others regarding scholarship awards. I (We) also commit to support the Atlanta Chapter with my (our) volunteer support during the next three years. If I (we) are able to, in the future, we will repay the amount of scholarship assistance in the form of a donation to the CISV Scholarship Fund, thus helping another deserving young person to participate. We agree to provide a written testimonial as both a thank you to the Worden family and for future scholarship fundraising purposes. I (We) verify that all information provided in this application is, to the best of my (our) knowledge, accurate and complete.

ELECTRONIC SIGNATURE *YVETTE LEDFORD 4/29/24*

Mother’s signature and date

