

Special Education Advocates League SEALK12

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Josef Cunningham Scholarship **Application**

Applicants Name:	
Date of Birth:	
Diagnosis:	
Guardian's Name:	
Phone Number:	
Email Address:	
Physical Address:	
Do you give consent for media coverage?	
How did you hear about the Josef Cunningham Scholarship?	
Briefly describe the tangible item and how you believe it will benefit the student along with any additional information you would like to share with the Josef Cunningham Scholarship Team.	