

Cannonsburg Challenged Ski Assoc Scholarship Application

Deadline: Dec 15

Please Print

Students Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address: _____ Date of Birth: / / _____
Male / Female: _____ Occupation: _____

If Student is a Minor

Parent's Name(s): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Physical Information

Student's Disability (Please be very specific): _____
Secondary Disabilities (ie. Diabetes, scoliosis, learning): _____
Cause of disability: _____ Date: _____
Please rate your overall physical condition? Poor Fair Good Excellent

Personal Information

Are you a student? Yes No _____
What (if any) previous skiing experience do you have? _____
Are you involved in any other disabled sports? _____

Scholarship Information

Have you participated in CCSA in previous years? Yes No If yes, how many years?
When was the last year you received CCSA Scholarship assistance?
Please describe how you believe participating in CCSA will benefit you:

Why should you be considered for a scholarship?

How much are you able to contribute to your CCSA ski season?

<\$25

\$50

\$100

Other \$ _____

If zero, please explain _____

References:

Attach any letters of recommendations from teachers, supervisors, or others relevant to your qualifications for your request.

I certify that all of the information provided by me in this application is true and accurate.

Signature (Applicant or Parent / Guardian:) _____ Date: _____

Scholarship awards are based upon funds availability and sponsorship. CCSA does not award scholarships based upon age, sex, race, color, religion, national origin, disability, sexual orientation, or marital status.

Please email completed application form to:

info@ccsa.org

Or mail to:

CCSA

Attn: Scholarship Program

P.O. Box 352

Ada, MI 49301