



Youth/Adult/Family Scholarship Application

Name _____

Home Address _____

Telephone Number (_____) _____

E-mail address: _____

Place(s) of Employment _____

Is the applicant receiving Federally subsidized food stamps, WIC, Medicaid, SNAP, TANF, SSI or other public assistance programs?

_____ Yes * Please *attach verification.*

_____ No

If “no,” describe your financial need?

Please list specifically what the scholarship will be used for: i.e.,
Membership, Swim Lessons, Sports, etc.

Signature _____

Date: ___ / ___ / ___

Office Use Only

Scholarship award: \$ _____

Applicant's match (20%): \$ _____

Approved by: _____

Funds transferred by: _____

Date Received: ___ / ___ / ___

Date: ___ / ___ / ___

Date: ___ / ___ / ___



CCBA Scholarship Policy and Procedure

For more than 100 years, the Carter Community Building Association has had a commitment to helping people be active, learn sports skills and have fun. The CCBA Youth/Adult/Family Scholarship was established to assist youth, adults, and families in enjoying our community recreation center's facilities and programs.

How do I apply?

Please fill out the "Youth/Adult/Family Scholarship Application" and return to our Welcome Desk. Please make sure to attach verification forms and list exactly how (which program or membership) you would like to use the scholarship.

What can my scholarship be used for?

Scholarship funds may be applied towards the cost of any CCBA Program or Membership (Membership, Swim Lessons, Sports, etc.).

Maximum Award

Scholarship assistance is limited to \$300 per person during a calendar year.

CCBA Scholarship Application Procedure

1. Fill out Scholarship form and return to CCBA Welcome Desk.
 - a. Ensure your Name and Contact Information is printed clearly.
 - b. Indicate what the scholarship is for (Membership, Swim Lessons, etc.).
 - c. Provide a copy of verification.
2. CCBA will contact you and explain Scholarship options:
 - a. 1 Month Membership (Must submit form monthly and reapply)
 - i. MUST attend 6 times per month.
 - ii. Applicant pays 20% copay.
3. Form will then be submitted to Business Office
 - a. You will contact applicants to come in and complete the membership process.