

CVTD Scholarship Application

DATE _____

(PLEASE PRINT LEGIBLY)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHURCH YOU ATTEND: _____

CITY, STATE, ZIP: _____

- I am requesting a scholarship in the amount of \$65.
- I agree to pay my portion of \$75 before the last team meeting.
- I understand scholarships are limited to 1 every 2 years.
- Once my portion is paid, I will be contacted about the status of my application.
- Make checks payable to CVTD or use electronic payment methods
(include name & **SCH**)
- Scholarships are available on a First Come First Serve Basis

APPLICANT'S SIGNATURE _____

Mail to: CVTD/Tonya McDowell
145 Lakeview Dr
Roanoke, AL 36274

Email to: tonyajomcdowell@yahoo.com

