

CHATTAHOOCHEE VALLEY TRES DIAS
TEAM MEMBER SCHOLARSHIP APPLICATION

DATE _____
LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE (CELL) _____ (HOME) _____ (WORK) _____
MARRIED: YES _____ NO _____ AGE _____
EMAIL ADDRESS _____
CHURCH YOU ATTEND _____
CITY AND STATE _____

I am requesting a scholarship for half of the weekend fee (\$65.00)

By signing this, I agree to pay the remaining portion of the weekend fee (\$65.00) and the \$10.00 team fee, which totals 75.00

I also understand that this is only an application and that any scholarships are subject to approval and are limited to a first come first serve basis as the funds permit.

I also understand that scholarship funds are limited to (2) in a (3) year period.

APPLICANT'S SIGNATURE _____

Please mail to: CVTD SCHOLARSHIPS...

Carol Strock

810 West Point pkwy

or scan and email to: cwstrock@yahoo.com

Opelika, Al. 36801

- Please submit your scholarship application NO LATER than 2 WEEKS PRIOR to scheduled weekend. ***
REMINDER : funds are limited to 1st come 1st serve basis
- The application is not considered valid until payment arrangements for the remainder balance of \$75.00 is satisfied.
- All checks should be made payable to: CVTD