



Scholarship Application Form

Name of Applicant/Contact Person:

Type of scholarship being requested:

- ☐ Individual
- ☐ SART Team (4 multidisciplinary professionals)

☐ I confirm that I am a CCASA Member (agency or individual membership).

Email:

Phone:

Mailing Address:

City:

State:

Zip:

Statement of Need for Scholarship

We will be looking for individuals and teams who will benefit significantly from the opportunity to attend this training.

Please complete and attach scholarship forms to your individual or team registration.

Visit www.ccasa.org/events-page/sart

Contact Alexa Priddy at outreach@ccasa.org with questions.