



## Scholarship Application Form

Name of Applicant/Contact Person:

Type of scholarship being requested:

- Individual (check all that apply)
  - Mileage
  - Lodging
- SART Team (Check all that apply-requesting for up to 4 multidisciplinary professionals)
  - Mileage
  - Lodging

- 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.  
Contact Rosa Molina at [program@ccasa.org](mailto:program@ccasa.org) with questions.