



CTAB Student-Athlete Training Scholarship Program Application

Scholarship Assistance Applicant:

CTAB strives to raise enough money to provide financial assistance for CTAB members and its programs. Our goal is that not family or individual be denied to participate in one of our programs due to an inability to pay. CTAB tries its best to honor every scholarship request, although assistance is limited by the financial resources of the organization.

Please know that all applications are confidential. To receive or be considered to receive funding, you must complete the attached scholarship assistance application, and submit all necessary supporting documents. Once your application is submitted, you should receive a response from the CTAB organization within 7-10 business days. (Note: applications received on a Friday would not obtain a response until Wednesday or Thursday the following week).

If you have any questions, please contact the CTAB office at 571.282.4182 or email: teamtowe@ctabhoops.org

SCHOLARSHIP ASSISTANCE APPLICATION: (Please print legibly)

Parent/Guardian Name	M/F	Date of Birth
----------------------	-----	---------------

Street Address

City	State	Zip
------	-------	-----

Athlete's Name	Current Grade
----------------	---------------

*If Athlete's name is the same as parent/guardian, check here

Email Address	Phone Number
---------------	--------------

Has the athlete attended a CTAB training, camp, or clinic before?

YES NO

*If answered 'YES', please list the days and times he/she attended.

Which program are you requesting financial assistance for?

TRAINING _____ CAMP/CLINIC _____ AAU PROGRAM _____

*Please list the specific program, including date/time, you are requesting assistance

*Please describe why the Athlete needs and could benefit from the CTAB program.

FINANCIAL INFORMATION: (Please print legibly)

*Please provide a detailed summary outlining your financial needs.

*Parent/Guardian/Athlete, what amount could you invest towards the program for your Athlete?

*Please provided any additional information you feel may be helpful for us to know.

Please review the entire form for accuracy, then sign the statement below and submit to:

Cross-Training Athletes into Believers (CTAB)

Training Scholarship Program

P.O. Box 31273, Alexandria, VA 22310

teamtowe@ctabhoops.org

The information listed above is correct to the best of my knowledge.

SIGNATURE AND DATE