



Committee Matching Scholarship Application

Date:

Name of Applicant:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Level of last Teacher Exam Passed:		
Name of Coach:		
Email of Coach:		
CCA Committee:		

Please indicate below any CCA Committee Membership Involvement:

Please briefly explain why the CCA should consider you for a scholarship:

Please submit your application for a Matching Scholarship to your CCA Committee Scholarship Chair.

For more information regarding matching scholarships please contact:

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