

CINCINNATI DEVELOPMENT ACADEMY SCHOLARSHIP APPLICATION

THIS IS A TWO PAGE FORM. PLEASE READ AND COMPLETE BOTH PAGES.

(Please retain a complete copy of both pages for your files)

Due July 1 for All Players

Application will not be considered unless it is completely filled out and signed

Player's Name: _____

Player's Date of Birth: _____ Phone #: _____

Player's Address: _____

Player's Team – Previous Season: _____

Player's Team – Current Season: _____

Number of years applicant has player with CUP: _____

Number of years applicant has player with KHA: _____

Other CDA players in family and relationship to applying player:

Parent's Name(s): _____

Mother's Occupation and Annualized Salary: _____

Father's Occupation and Annualized Salary: _____

Second Parent's Address and Phone Number (if applicable):

Total number of dependent children in family: _____

Please state any extenuating circumstances that you believe warrant awarding your child a need-based scholarship: _____

Amount of scholarship assistance you are requesting: \$_____

PLEASE READ AND COMPLETE THE SECOND PAGE OF THIS FORM

CDA Scholarship Applications **must** be mailed to CDA Scholarship Fund, 1018 Town Drive, Wilder KY 41076, and must be **postmarked NO LATER THAN the deadline date checked for the season in which this scholarship application applies. Scholarship Applications mailed or hand delivered to any other CDA agent, official, coach or board member will not be processed.**

You **must** re-apply for a CDA Scholarship each season; old applications will not be reconsidered in later seasons. Scholarships postmarked after the due date will not be considered. If you do not receive an e-mail confirmation within ten days of mailing form, please contact nikki@kingshammer.com.

The CDA Scholarship Committee will make decisions on a subjective basis. While a player's need (as demonstrated by the Application) will be given the highest consideration, other factors may be considered including, but not limited to:

1. Years with the CDA
2. The applicant's attendance record and attitude (as reported by the coach)
3. Applicant's other activities which demonstrate volunteerism within the CDA Organization
4. Parent or player code of conduct violations

Deposit must be paid for an application to be considered. Scholarship money is only good towards club fees. Uniform fees and personal travel to tournaments and games is not be covered by scholarship money.

All applicants will be notified within two weeks of the application due date of the decisions of the Scholarship Committee. Notification will come via e-mail.

I hereby certify that I have read both sides of the CDA Scholarship Application form and that the information I provided is true and accurate to the best of my knowledge. I also agree to work at the seasonal training facility for clean-up, tryouts for my age group and perhaps another age group, and any other opportunity for which the club needs volunteers. This is over and above assisting with individual team needs.

Signature of Parent/Guardian of Applicant

Print Name of Parent/Guardian of Applicant

Email Address: _____
PLEASE PRINT NEATLY – If we cannot read, your application will be rejected

CDA Office Use Only (Applicant: Do Not Mark Below This Line)

Postmark:

Coaches Comments:

Award:

Parents Notified: