

**CCDEA EMPLOYEE ASSOCIATION**

**2020 SCHOLARSHIP APPLICATION**

**CACD Annual Meeting**

**Applicant Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District Name:**

**Position: Start Date:**

**Address: City Zip**

**Office Phone: Cell:**

**E-Mail:**

**How many CACD Annual Meetings attended?**

**Number of Board members attending:**

**District Annual Budget:**

**Total Unrestricted (Available) Funds:**

**What information/knowledge are you expecting to come away with by attending the meeting?**

**Additional information regarding you and your district to assist the committee in making their selection:**

**Please submit the completed application to** **ccdea@gmail.com** **no later than Friday, November 6th, 2020.**