



CUSD Coaches

Camps / Clinics Scholarship Worksheet

Scholarships will be processed once proper documents are submitted to Community Ed and verified for eligibility. All scholarships are to remain confidential within the Community Education Department. Coaches will have no knowledge of athletes who have received any form of scholarship.

Coaches, please indicate the number of full scholarships **and/or** the number and amount to be paid of partial scholarships.

Coach Name: _____

Camp Location: _____

Camp Name: _____

Camp Date(s): _____

Number of Full Scholarships: _____

Number of Partial Scholarships: _____

Amount to be Paid: _____

Coach Signature: _____

Date: _____

Site AD Signature: _____

Date: _____

For Community Education Office Use Only
--

Full Scholarship Code: _____

Partial Scholarship Code: _____

Full Scholarship Code: _____

Partial Scholarship Code: _____

Full Scholarship Code: _____

Partial Scholarship Code: _____