COUNTRY DANCE AND SONG SOCIETY'S
2020 MATCHING SCHOLARSHIP APPLICATION

PART 1. For sponsoring group:

GROUP NAME _____

ADDRESS _____

_____

CONTACT PERSON _____

PHONE (eve) _____ (day) _____

EMAIL _____

<table>
<tr><td colspan="5">FOR CDSS USE   Reg #:_____</td></tr>
<tr><td colspan="2">Recd_____</td><td colspan="3">Wk _____</td></tr>
<tr><td></td><td colspan="2">CDSS share</td><td colspan="2">Group share</td></tr>
<tr><td></td><td>request:</td><td>granted:</td><td>request:</td><td>invoiced:</td></tr>
<tr><td>Prog</td><td>_____</td><td></td><td>_____</td><td></td></tr>
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<tr><td>Notified</td><td colspan="2">_____</td><td colspan="2">Recd _____</td></tr>
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GROUP CONTRACT STATEMENT   (please read and sign):
We are prepared to contribute a TOTAL of $_____. This includes $_____ for program funds (see letter) and/or $_____ for travel. We request that this total amount be matched dollar for dollar by CDSS. If our applicant is accepted, we will pay our share to CDSS by May 15, 2020.

☐ We enclose a letter of support from our group.

_____
signature of sponsoring group officer or representative (other than applicant)

☐ We also enclose a Group Affiliate Priority form for this applicant. ☐ We have submitted the online Group Affiliate Priority form

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PART 2. For individual being sponsored: (This application will serve as your camp registration.)

NAME _____ Gender_____ AGE _____

ADDRESS _____ CITY _____

STATE/PROVINCE _____ ZIP/POSTCODE _____

PHONE (home) _____ (cell) _____ EMAIL _____

1. **Week/Course**: _____ at   Pinewoods   Louise   Ogontz   Cavell

2. Describe your position(s) with the sponsoring group, such as leader, caller, musician, singer, teacher, administrator, etc.

3. How do you plan to use your camp experience with your local group?

4. Have you been to a CDSS week before? (If yes, when and for what week?)

5. Have you previously received scholarship funds for a CDSS week?   No   Yes
(If yes, when and for what week?)

_____
signature of applicant
We will publish a list of scholarship recipients. By submitting this application you have given
your permission to CDSS to publish your name, should you receive a scholarship.

Please return this form by March 16 to:
Mail: CDSS, 116 Pleasant St Suite 345 Easthampton, MA 01027-2759, **Email:** camp@cdss.org
notification will be sent to applicants in mid-April