

**COUNTRY DANCE AND SONG SOCIETY'S**  
**2015 MATCHING SCHOLARSHIP APPLICATION**

**PART 1. For sponsoring group:**

GROUP NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_  
 PHONE (eve) \_\_\_\_\_ (day) \_\_\_\_\_  
 EMAIL \_\_\_\_\_

FOR CDSS USE	Reg #:	_____
Recd	_____	Wk _____
	CDSS share request:	Group share request:
	granted:	invoiced:
Prog	_____	_____
Trav	_____	_____
Total	_____	_____
Notified	_____	Recd _____

**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 16, 2015.

- 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.

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

NAME \_\_\_\_\_ M/F \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_ EMAIL \_\_\_\_\_

1. Week/Course: \_\_\_\_\_ at (circle one) Pinewoods Timber Ridge Ogontz

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