

Scholarship Application

Partial scholarships up to 50% of the total charges are approved on a case by case basis.



Your Name:					
Address:					
City:		State:		Zip Code:	
Telephone:				Email:	

Guests Attending: Scholarships apply to immediate family only

Adult Names:	Children's Names:	Birthdates:

Desired Conference Dates: In order of preference		Date of Last Scholarship:
1.	3.	Maximum of one scholarship per year
2.	4.	

Reason for the Financial Need:

		Office Use:
		Res#:
		TC:
		B/Rm#:

Dates available for scholarships and scholarship awards will be determined after:

January 1st for Spring Conferences	February 15th for Summer and Fall Conferences
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Send to: CBCC, PO Box 398, Cannon Beach, OR 97110, 503-436-1047 fax, or registrar@cbcc.net