



# Washington Area Square Dancers Cooperative Association

## The Caller Continuing Education Scholarship Fund Program (CCESFP) Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Caller \_\_\_\_\_ Cuer \_\_\_\_\_ Years Calling/Cueing \_\_\_\_\_ (Must be more than 3 years)

Club Affiliation/ Mentor \_\_\_\_\_

Brief Biography:

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Name of Event, Seminar or Class:

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E-mail Application to: [VicePresident@wascaclubs.com](mailto:VicePresident@wascaclubs.com) or send via mail to:

Darrella & Tom Deubel, Vice President, WASCA, 4230 Worcester Dr., Fairfax VA 22032

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Assigned No: \_\_\_\_\_ Date Received: \_\_\_\_\_