



Training Scholarship Application

Name* _____
 Title _____
 Agency _____
 Address I _____
 Address2 _____

Today's Date _____
 Phone _____
 Email _____
 Event Title _____
 Event Date(s) _____

**Please submit one application per person.*

Anticipated Expenses (Agency to complete)					CASTA Internal
Expense Description	Expense Amount	Explanation of Expense Amount	Scholarship Request? (Y/N or %)	Agency Funded? (Y/N or %)	Scholarship Amount Granted

Total Anticipated Expense: _____ Total Scholarship Request: _____ Agency Contribution: _____

Completed applications and additional documentation required should be sent to:

Deeanna Mondragon, CASTA Phone: 303-839-5197
 1580 Lincoln Street, Suite 780 Fax: 303-832-3053
 Denver, CO 80203 Email: deeannam@coloradotransit.com

Statement of rights: In accordance with the provisions of the Americans with Disabilities Act and the Civil Rights Act of 1964, CASTA does not discriminate on the basis of disability, race, color, national origin, or gender. For more information about these statutes, or to file a complaint, contact the CASTA Executive Director at 303-839-5197.

For CASTA use only:

- STAD
- RTAP

Date Received: _____ Reviewed By: _____ Amount Granted: _____