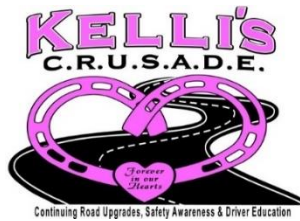


**Teen Performance Driving, AVOIDING THE CRASH!!! SCHOLARSHIP APPLICATION**

Skills learned: Winter Driving Skills, Proper Hand and Steering Techniques, Skid Car, Skid Avoidance, Skid Recovery, Crash Avoidance, and Emergency Braking Techniques  
**YOU WILL NEED YOUR OWN VEHICLE FOR SOME OF THE ROTATIONS**

**REQUIREMENTS: MUST BE BETWEEN THE AGE OF 15 ½ AND 19. MUST HAVE A VALID PERMIT OR DRIVER'S LICENSE.**



Classes are held at  
**DriveTeam**  
**4445 STATE ROAD**  
**CUYAHOGA FALLS, OH**  
**44223**

**PLEASE CONSIDER MY APPLICATION FOR THE FOLLOWING DATE(S).** Check each date you are available. Circle the best time to attend. If not chosen for your earliest choice, we will hold your application for future dates.

Oct 14 \_\_\_\_\_ Dec 29 \_\_\_\_\_ Jan 16 \_\_\_\_\_ Feb 20 \_\_\_\_\_ I can attend: 8 – 12:00 12 – 4:00 Either

I attended the Vehicle 101 Program at Wadsworth HS \_\_\_\_\_ Highland HS \_\_\_\_\_

NAME OF TEEN \_\_\_\_\_ TSHIRT SIZE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

SCHOOL YOU ATTEND \_\_\_\_\_ Signature (Teen) \_\_\_\_\_

\*\*\*\*\*

NAME OF PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\*\*\*\*\*

Are you between the ages of 15 ½ and 19? Yes No Date of Birth \_\_\_\_\_

Do you have a valid permit? \_\_\_\_\_ Driver's License? \_\_\_\_\_ How long have you been driving? \_\_\_\_\_

How did you hear about this scholarship opportunity? \_\_\_\_\_

\*\*\*\*\*

Are you nervous about driving in the Winter? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had an accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been in a vehicle involved in an accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know someone that has had an accident due to distracted driving? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know someone that has had an accident due to a road condition? Yes \_\_\_\_\_ No \_\_\_\_\_

**On the back of this application, please explain why you would like to receive a Scholarship.**

12 Scholarships will be awarded for each class. Email this form to: [kellis.crusade@yahoo.com](mailto:kellis.crusade@yahoo.com)

OR mail to: Kelli's C.R.U.S.A.D.E. 5904 STATE ROAD, Wadsworth, OH 44281 or Contact Sharon Baker

330-948-1784. *Thank you for applying.*