



Southern Maryland Tri-County Community Action Committee, Inc (SMTCCAC, Inc.)

CDL Scholarship Application

Are you a resident of **Charles County, Maryland**? Yes No

Including yourself, how many people live in your household? _____

What is your current household gross monthly income? _____

Are you able to **commit \$250** towards your CDL Training Program? Yes No

Have you been affected by the Covid-19/Pandemic? (2-3 sentences) Yes No

Why do you want to enroll in the CDL Training Program and why do you deserve this scholarship? (2-3 sentences)

This part is filled out by SMTCCAC, Inc.

Approval Checklist:

- Charles county resident _____
- Meets the income guideline _____
- Meets the minimum commitment _____
- Meets the priority assessment _____

Approved By: _____

Date: _____

Denial Reason:

Denied By: _____

Date: _____