

CCA Tool Grant Application



Name: _____

Address: _____ Current School: _____

City: _____ Current School Year: _____

State: _____ GPA: _____

Phone #: _____ Birth Date: _____

Email: _____

Why did you choose the Collision Repair Industry? _____

Are you currently enrolled in a High School or College Collision Repair Program? _____

Please list the name of the above School and your instructor's contact info. _____

How many years have you been studying/training in the Collision Repair Field? _____

When will you be graduating from the above school? _____

Did you ever compete in Skills USA? _____ Year/Years? _____

Have you or are you currently participating in a co-op, apprentice, or job shadowing program? If yes, please list the name of the Business, address, and contact.

What tasks have you been working on at the co-op? _____

Please share your higher purpose or one you would like to achieve. _____

What is your dream job? _____

Why? _____

What do you see yourself doing in five years? _____

Have you worked with a Career Counselor, Coordinator, or Job Hunter at your school to help you find a career path? _____

What aspect of Collision Repair most interests you? _____

Why? _____

Have you secured employment at a Collision Center (required)? _____ If yes, please list the name of the Business, address, and contact.

Is the above Collision Center a member of the Carolina Collision Association? _____

What position have you been hired for? _____

Do you have a CCA Member Recommendation? _____ Please list CCA Member's Name _____

Do you have an outstanding debt from your education? _____

Please list any tools you have purchased for the Collision Repair Industry. _____

In a brief essay, please explain why you should be the recipient of the CCA Tool Grant (You may add a separate sheet).

- The recipient understands that if awarded the Tool Grant, the tools will be paid for directly from the Carolina Collision Association to the Supplier. The choice of tools will be limited to the items needed for the position you have been hired for. The approved tools will be determined by the CCA, based on the input of the applicant and the future employer.
- The amount of the Tool Voucher awarded to the recipient will be \$2,000.
- The recipient will receive their Tools on the first day of employment at the Collision Center identified in this Application.
- The award of \$2000 in tools to the recipient of the Tool Grant is conditioned upon the recipient accepting the commencing employment with the Collision Center identified in this Application.
- If the recipient does not accept the job offer identified in this Application, then the tools will be delivered to another applicant.
- Please attach a copy of your Transcript with the application.

Print Name: _____

Sign: _____

Date: _____