

# Texas Amateur Athletic Federation – Region 7

## Application for State Conference Assistance Fund (S.C.A.F.)

NAME:	
CITY / ORGANIZATION:	
ADDRESS:	
PHONE #:	EMAIL:

1. Are you currently a chair of any TAAF committees?    \_\_\_ Yes \_\_\_ No  
If yes, which one(s): \_\_\_\_\_
2. Are you currently a member of any TAAF committees?        \_\_\_ Yes \_\_\_ No  
If yes, which one(s): \_\_\_\_\_
3. Are you currently a state commissioner for any TAAF sports:    \_\_\_ Yes \_\_\_ No  
If yes, which one(s): \_\_\_\_\_
4. How else have you been involved with TAAF? (check all that apply)  
       \_\_\_ Regional Meetings    \_\_\_ Annual Meetings/Conferences        \_\_\_ Games of Texas

I, the undersigned, understand the following:

- In order to be eligible, this completed application must be submitted by the deadline of August 1 of current year. All eligible applications will be reviewed by the Regional Director and the Executive Board Member. Applicants will be notified by August 15 of award.
- Each application must be accompanied by a letter from the Department Director or City Manager verifying that there is financial need for this award.
- Preference will be given to those applicants who have not received the award the preceding year.
- Applicant must have volunteered at the regional track meet (in the current year)
- Applicant must have been in attendance at a minimum of two regional meetings (in the current year)
- If selected, I will be required to have a roommate of the same gender for the annual meeting or pick up the remaining room cost (Region 7 will pay for ½ the room rate only).
- Paid room nights will be determined on applicant’s committee involvements.
- If selected, I must submit a conference registration form to the State Office for their records.
- If selected, I must attend all official Conference programs to include but not limited to: Legislative Committee meeting (Saturday afternoon), General Session & Luncheon (Monday), and Awards Banquet (Monday night). I must attend any committee meetings on which I serve. I will check in with a Region 7 representative at each function.
- Failure to comply by these guidelines is subject to forfeiture of funds.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\* **Please Note:** We are requesting that your supervisor signs below indicating that the travel you are requesting financial aid for has been approved.

Signature of Department Director \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:  
 Kim Bybee  
[kim.bybee@cityofcarrollton.com](mailto:kim.bybee@cityofcarrollton.com)  
 Fax: 972-466-4722