



## Scholarship Application

The Teen Car Control Clinic (TCCC) gives students real-world, hands-on experience behind the wheel of their own cars. Students go through training that includes, but not limited to: skid control, emergency stops, reverse driving, parallel parking, hazard avoidance, freeway merging, and much more. NASA hosts these events because it's our belief that we can make the streets safer for everyone, and at the same time, save the lives of inexperienced drivers. More teens are killed in auto accidents each year than by any other means. It is our mission to prevent as many avoidable accidents as possible.

The following criteria must be met in order to be approved for a scholarship:

- Must be California high school student.
- Must have at least a 2.0 GPA.
- Must reserve enrollment slot at \$99 using a credit card, like a hotel reservation. Card will only be charged if the student doesn't show.
- Submit completed Scholarship Application via fax 510-277-0657 at least a week prior to the event.



Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Parent First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Current GPA as of last report card (attach copy): \_\_\_\_\_

Learners Permit # or CDL #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Student- please explain why you feel you should receive a scholarship to the NASA Car Control Clinic:

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If more room is needed please attach a separate sheet.

Car Info: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

How did you hear about NASA Car Control?: \_\_\_\_\_

I, the parent listed above, hereby authorize the National Auto Sport Association to charge my credit card for the sum of \$99 should my son/ daughter be accepted but fail to attend the event listed at the top of this page. I understand that there will be no charge should my son/daughter attend the event.

CC # \_\_\_\_\_ Card Type: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructions- [fax to 510-277-0657 at least one week prior to the event] Attach completed minor waiver form.

**NATIONAL AUTO SPORT ASSOCIATION and NASA CAR CONTROL CLINIC  
 WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT  
 PARENTS: GUARDIANS: MINORS**

Description and Location of Event	Date(s) of Event	Date Release Signed
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IN CONSIDERATION for allowing the minor to participate in any way in the event or activity encompassed by this Agreement and/or permitting the minor, parent, and/or guardian to enter for any purpose any restricted area (herein defined as including, but not limited to, the racing surface, pit areas, infield, burn out area, approach area, shut down area, and all walkways and concessions and other appurtenant areas where any activity related to the event or activity where admittance to the general public is prohibited), the parent and/or guardian and minor agree as follows:

1. THE MINOR, PARENT, AND/OR GUARDIAN will immediately inspect the restricted area upon entering it and warrant that their entry therein and/or the minor's event participation constitutes an acknowledgement that they have inspected the restricted area and find it safe and reasonably suited for the purpose of its use. The undersigned agree that if at any time they believe the restricted area to be unsafe, they will bring it to the attention of an official, and they will remove themselves and the minor from the restricted area and preclude the minor from further participation in the event or activity.
  2. THE MINOR, PARENT, AND/OR GUARDIAN HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releasees (as identified below) or otherwise, while in or upon the restricted area for any purpose including competing, officiating, observing, working or participating in the event or activity. The undersigned recognize and understand that there are risks and dangers associated with participation in the event and admission within the restricted area that could cause severe bodily injury, disability and death. Further, the risks and dangers may be caused by the negligent actions or negligent failure to act (gross or otherwise) of the releasees and others. All of the risks and dangers associated with participating in the event and entry into restricted areas may not be foreseeable at this time and they are assumed notwithstanding.
  3. THE MINOR, PARENT, AND/OR GUARDIAN release, discharge, and covenant not to sue and waive all claims against the promoters, participants, racing associations, sanctioning organizations (or any subdivision thereof), track operators, track owner or landowner, officials, car owners, drivers, pit crews, all persons in the restricted area, sponsors, advertisers, lessees and lessors of the premises used to conduct the event and their officers, agents, employees, all for the purposes herein referred to as releasees, from all liability to ourselves, the undersigneds, or personal representatives, assigns, executors, heirs, and next of kin for any and all claims, demands, losses, or damages on account of injury, including, but not limited to, the death of the parent, guardian, or minor or damage to property caused or alleged to be caused in whole or in part by the negligence (including gross) of the releasees or otherwise.
  4. THE PARENT AND/OR GUARDIAN hereby agrees to indemnify and save and hold harmless, the releasees and each of them from any loss, liability, damage, cost and attorney fees they may incur due to the presence of the parent or the minor in the restricted area, or in any way while participating in the event and whether caused by negligence of the releasees or otherwise. The parent and/or guardian further recognize and agree they are executing this Waiver and Release of Liability and Indemnity Agreement on behalf of themselves and on behalf of the minor.
- THE MINOR, PARENT, AND/OR GUARDIAN HAS READ THIS WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND SIGNS THIS AGREEMENT VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP.

PRINTED NAME OF PARTICIPANT	ADDRESS
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*I HAVE READ THIS RELEASE*

SIGNATURE OF PARTICIPANT	DATE
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PRINTED NAME OF PARENT/GUARDIAN NO. 1	ADDRESS
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*I HAVE READ THIS RELEASE*

SIGNATURE OF PARENT/GUARDIAN NO.1	RELATIONSHIP	DATE
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PRINTED NAME OF PARENT/GUARDIAN NO.2	ADDRESS
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*I HAVE READ THIS RELEASE*

SIGNATURE OF PARENT/GUARDIAN NO. 2	RELATIONSHIP	DATE
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