



SUPERINTENDENT OF SCHOOLS CLASSIFIED ASSOCIATION

To Be Filled In By SOSCA Board Member

Date Received: _____

Assigned to Applicant _____

Board Member Initials: _____

Application for SOSCA Family Book Scholarship

(Please return completed application, along with proof of enrollment, to Carmen Gonzales, Reider Building - 5th Floor.)

This application is for (check one): Dependant Child Spouse/Domestic Partner

Name of Applicant: _____

Address: _____

Phone Number: _____ Email: _____

Name of SOSCA Member: _____

Phone Number: _____ Email: _____

(Attn: SOSCA Board Member - Detach here before forwarding to Scholarship Committee.)



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Briefly answer the following questions. You may attach additional sheets if necessary.

1. Which institution are you attending?
2. What are your educational plans and/or career objectives and how will this scholarship help you achieve these goals?

3. Are there special circumstances or achievements you'd like us to consider?