



SUPERINTENDENT OF SCHOOLS CLASSIFIED ASSOCIATION

To Be Filled In By SOSCA Board Member

Date Received: _____

Assigned to Applicant _____

Board Member Initials: _____

Application for SOSCA Book Scholarship

(Please return completed application, along with proof of enrollment, to Michelle Palmer-Dickinson, City Centre - 2nd Floor.)

Name of SOSCA Member: _____

Address: _____ City: _____ Zip: _____

Work Location: _____ Position: _____

Phone Number: _____ Email: _____

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



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Application for SOSCA Book Scholarship

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?

for SOSCA ~ 1 2 3 4 5

3. How will this scholarship help you achieve these goals?

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4. Are there achievements/extra curricular activities you'd like us to consider?

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5. Are there special circumstances you'd like us to consider?

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_____ out of 20

NOTES: