



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 Courtney Clerico, City Centre - 1st 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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Application for SOSCA Family 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: