



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 Courtney Clerico, City Centre - 1st 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?

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

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*(proceed to page 2)*

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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*for SOSCA*

\_\_\_\_\_ out of 20

NOTES: