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**SAANYS REGION 8**

**Scholarship Application**

*TO THE APPLICANT:*

By completing the information required on this application you will enable us to determine your eligibility to receive funds provided specifically to help High School students graduating in June 2019 and who have demonstrated good school and community citizenship, are planning to go onto higher education, and who otherwise satisfy criteria by the SAANYS Region 8 Scholarship committee.

You are responsible for seeing that this form is accurately and completely filled out and that you submit two (2) letters of recommendation. SAANYS Region 8 reserves the right to not process applications found to be incomplete as of the application deadline.

**REMEMBER:** This application becomes valid only when everything has been filled out. **The deadline for filling the application is Friday, April 12, 2019. It must be postmarked by Friday, April 12, 2019 or it becomes ineligible.**

Please make sure that this application is neat and completed prior to submission. Applications that are not neat will not be reviewed.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (M.I.)

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

(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# School Data

Current High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Acceptances for Next Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: \_\_\_\_\_\_\_ 4 Year Institution \_\_\_\_\_\_\_\_ 2 Year Institution \_\_\_\_\_\_\_\_\_ Other

Major field(s) of study applicant plans to pursue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Career Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Awards/Honors (Grades 9-12)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Honor Society Office Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Junior Honor Society Office Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Merit Commended Student or Semi Finalist/Finalist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Awards/honors (i.e. academic awards, leadership awards, service awards, literary publications, Boys’/Girls’ State)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work Experience: (List your work experience during the past 4 years. Indicate dates of employment in each job, and approximate number of hours worked each week).

**Position Date From (mo/yr) Date To (mo/yr) Hours Per Week**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School and Community Involvement (List all activities in which you have participated during the past 4 years. Include athletics, music, dramatic arts, student government, other school clubs and organizations, church/community activities, and volunteer service. Indicate any leadership positions you have held or special recognition you have received.

**Activity No. of Years Participating Leadership Roles, Special Recognitions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Some Scholarships have specific criteria; others may not. Read the following questions carefully. Place an **X** in the box to the right of those questions which your response is yes.

Are you……. **YES**

1. the son, daughter, legal ward of an active or life member of the \_\_\_\_\_

State Administrators Association of New York State?

\_\_\_\_\_

2. related to a State Administrators Association of New York \_\_\_\_\_

State member? How are you related? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_

3. a member of the National Honor Society? \_\_\_\_\_

\_\_\_\_\_

1. currently employed?

\_\_\_\_\_

Have you…. **YES**

\_\_\_\_\_

1. attached a copy of your current transcript?

\_\_\_\_\_

2. included two letters of reference? \_\_\_\_\_

3. any extenuating financial circumstances? Please explain below: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Transcript Information:

Circle One

Applicant ranks \_\_\_\_\_\_\_\_ in a class of \_\_\_\_\_\_\_\_\_\_ Weighted or Unweighted

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PSAT Critical Thinking \_\_\_\_\_\_\_\_ PSAT Math \_\_\_\_\_\_\_\_

Best SAT Critical Thinking \_\_\_\_\_\_\_\_ Best SAT Math \_\_\_\_\_\_\_\_

Best ACT English \_\_\_\_\_\_\_\_ Best ACT Math \_\_\_\_\_\_\_\_ ACT Composite\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any other exam scores you wish the committee to consider? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In consideration of the above information and any high school academic and personal record, I respectfully apply for a State Administrators Association of New York State scholarship award. I affirm the facts I have stated above are true and not deceptive.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

***Send completed forms to Mr. Brian Coleman, Little Falls City School District, 1 Ward Square, Little Falls, NY 13365. If you have any questions, please feel free to call Mr. Coleman at 315-867-2058 or contact him by email at bcoleman@lfcsd.org.***