



**School Administrators Association of New York State – Region 6  
Scholarship Application**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of District and School \_\_\_\_\_

Future Plans \_\_\_\_\_

\_\_\_\_\_

Please complete and submit the following:

1. Three words/phrases I would use to describe myself are:

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

2. A person who has influenced my life is \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_

3. I would use the \$500.00 award from SAANYS in order to \_\_\_\_\_

\_\_\_\_\_

4. **Attach a transcript and resume or statement of activities and achievements** to assist the scholarship committee in the selection process.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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Principal's Signature \_\_\_\_\_

Print Principal's Name \_\_\_\_\_ SAANYS ID number \_\_\_\_\_

(By my signature and membership card ID number, I affirm that I am a member of SAANYS)

**Applications due by March 3<sup>rd</sup> to:**

Scholarship Coordinator SAANYS Region 6  
Attn: Brian Wood, Principal  
Cohoes City School District  
Tiger Circle  
Cohoes, NY 12047