



**Region 6: SAANYS Family Member
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 _____

Address _____

Phone Number _____ Relationship to SAANYS member _____

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

Member's School Affiliation & position \_\_\_\_\_

SAANYS Member Signature \_\_\_\_\_

(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

