### SAANYS REGION 10 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 of 2018** and who have demonstrated good school and community citizenship, are planning to go on to higher education, **are a child of a Region 10 SAANYS member (employed outside the City of Syracuse),** and who otherwise satisfy criteria by the SAANYS Region 10 Scholarship committee.

You are responsible for seeing that this form is accurately and completely filled out. SAANYS Region 10 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 filing the application is May 15, 2018. It must be postmarked by May 15, 2018 or it becomes ineligible.

Please attach a copy of your current transcript, resume and any other pertinent documents that are not covered in this application.

Name:			
(Last)	(First)	(m.i.)	
Social Security Number: _			
Permanent Address:			
Date of Birth:	Telephor	1e Number:	
NAME OF SAANYS MEN	MBER		
EMPLOYED BY			
POSITION			
* * * * * * * * * * * * * * * *		**************************************	* * * * * * * * *
Current High School:		<mark>Counselor:</mark>	
School Phone Number:	<b>P</b>	rincipal:	
College Acceptances for no	ext year:		
Check one:	4 year institution	2 year institution	Other
Major field(s) of study app	plicant plans to pursue:		
Career Interest:			

Awards/Honors: (Grades 9-12)

National Honor S	Society	Office held:				
National Junior I	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)						
employment in each job		nce during the past 4 years. umber of hours worked eacl <u>Date to (mo/yr)</u>				
	ate 110111 (1110/ y1)	Date to (mo/yr)	Hours per week			
the past 4 years. Include	athletics, music, da h/community activi	ist all activities in which yo ramatic arts, student govern ities and volunteer service. ons you have received.)	ment, other school clubs			
<u>Activity</u>	No. of Years Participating	Leadership Ro	oles, Special Recognitions			

Some scholarships have specific criteria; other 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...

- 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 Region 10 State Administrators Association of New York State member? How are you related: \_\_\_\_\_
- 3. a member of the National Honor Society?
- 4. currently employed?

Have you...

- 1. attached a copy of your current transcript?
- 2. included two letters of reference?
- 3. any extenuating financial circumstances? Please explain below



YES

#### Transcript Information:

Circle One:

# Applicant ranks \_\_\_\_\_\_ in a class of \_\_\_\_\_\_. Weighted or Un-weighted

PSAT Verbal	Best SAT Verbal	Best ACT English
PSAT Math	Best SAT Math	Best ACT Math

Any other exam scores you wish the committee to consider?

In consideration of the above information and my high school academic and personal record, I respectfully apply for a State Administrators Association of New York State scholarship award of at least \$500.00. I am a child of a Region 10 member of SAANYS (employed outside the City of Syracuse) and am graduating from high school this year. The SAANYS Member works in a district in Region 10 (outside the city of Syracuse). I affirm the facts I have state above are true and not deceptive.

Applicant Signature

**Date** 

## **RETURN BY MAY 15 TO:**

TONY CARDAMONE, DIRECTOR K-6 REGION 10 CHAIRPERSON BALDWINSVILLE CENTRAL OFFICES 29 EAST ONEIDA STREET BALDWINSVILLE, NY 13027