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 2021** 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, 2021. It must be postmarked by May 15, 2021 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:	Telep	hone Number:	
NAME OF SAANYS ME	MBER		
EMPLOYED BY			
POSITION	******	*****	* * * * * * * * *
		OOL DATA	
Current High School:		Counselor:	
School Phone Number: _		Principal:	
College Acceptances for r	<mark>iext year:</mark>		
Check one:	4 year institution	2 year institution	Other
Major field(s) of study ap	pplicant plans to pursue:		
Career Interest:			

<mark>Awards/Honors: (Gra</mark>	des 9-12)	
National Honor	Society	Office held:
National Junion	· Honor Society	Office held:
National Merit	Commended Studer	nt or Semi-Finalist/Finalist
	honors (i.e. academi Boys'/Girls' State)	ic awards, leadership awards, service awards, literary
		ence during the past 4 years. Indicate dates of number of hours worked each week.)
Position I	Date from (mo/yr)	Date to (mo/yr) Hours per week
the past 4 years. Includant and organizations, chur	le athletics, music, d ch/community activ	cist all activities in which you have participated during dramatic arts, student government, other school clubs rities and volunteer service. Indicate any leadership ions you have received.)
A .4:-::4	No. of Years	I and and in Dalan Constitution
<u>Activity</u>	<u>Participating</u>	Leadership Roles, 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 yo	u	YES
1.	the son, daughter, legal ward of an active or life member of the State Administrators Association of New York State?	TES
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 y	ou	YES
1.	attached a copy of your current transcript?	
2.	included two letters of reference?	
3.	any extenuating financial circumstances? Please explain below	

Transcript Information:		
		Circle One:
Applicant ranks in	a class of We	ighted 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?	
	ormation and my high school aca	•
respectfully apply for a State Ad	ministrators Association of New	York State scholarship award
of at least \$500.00. I am a child	of a Region 10 member of SAAN	NYS (employed outside the
City of Syracuse) and am gradua	ting from high school this year.	The SAANYS Member works
in a district in Region 10 (outside	e the city of Syracuse). I affirm the	ne 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