

SCAPPA

Scholarship Application

Please Fill Out and Print

Name of applicant: _____
(Last) (First) (Middle Initial)

Address: _____
(Box No., Street)

(City) (State) (Zip Code)

Contact Info: _____
(Telephone Number) (Email Address)

Parent's Employer: _____
(Institution) (Position)

College/University attending full-time: _____

Field of study: _____

The applicant must submit the following items in sealed envelopes as one package to the SCAPPA Board of Directors. Failure to include all items will disqualify the applicant from further consideration. (Call the [SCAPPA Secretary](#) for the mailing address)

- Application form.
- Guidance Counselor or administrative recommendation.
- Transcripts including class rank, courses taken and grades.
- SAT or ACT scores if freshman.
- Faculty recommendation (one or more).
- Non-faculty recommendation (school, business, or professional organization).
- Listing of extracurricular activities and/or offices held at school or in other organizations.
- Listing of awards, achievements or honors.
- Any other item or items that demonstrate the achievements and character of the applicant.

I, hereby, give SCAPPA permission to contact any and all references contained in this application and understand that the decisions of SCAPPA Board of Directors relative to the scholarship are final.

(Applicant's signature) (Date)