

# St. Clair County Association of School Boards (SCCASB) Scholarship Application

## INSTRUCTIONS FOR APPLICATION – ACADEMIC YEAR 2018/2019

1. The deadline for scholarship application is Friday, March 1, 2019. Turn completed application into your guidance counselor or college advisor.
2. Only complete applications will be considered.
3. In addition to content, your application will be judged on neatness, correct spelling, and proper grammar.

*Consideration for a \$600 scholarship award is based on future attendance at an accredited college. Students who aspire to a profession other than teaching will be not be considered as qualified candidates.*

**\*\*PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK\*\***

### *Applicant Data*

\_\_\_\_\_ Applicant Name

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ ( ) \_\_\_\_\_ Phone Number \_\_\_\_\_

College Choice \_\_\_\_\_ Curriculum: elementary or secondary education (choose one)

Father's First & Last Name \_\_\_\_\_ Mother's First & Last Name \_\_\_\_\_

Please provide a list of school activities in which you have been involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe in detail your plans to finance your education. Include other scholarships, financial aid, or savings that you have: \_\_\_\_\_

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Please provide a summary of your reason(s) for choosing **education** as your career goal: \_\_\_\_\_

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Please name the **TEACHER** who most influenced your decision to enter into the field of education. Your **TEACHER** will receive a mentor award: \_\_\_\_\_

	Mr./Ms./Mrs.	First Name		Last Name
Contact Information ( <i>required</i> ):	_____			(    )    -
	Address/City/Zip Code			Phone Number

Please complete and return this application to your high school guidance counselor or college advisor.