

School Alliance of Substitutes in Education (SASIE)

Scholarship Application

School Year 2023-24

Each applicant must be a child or grandchild of a current / active SASIE member in good standing.

Section 1 Applicant Information:

Name: _____
last *first*

Phone no. (____) - ____ - _____

Address: _____

High School Name & Address: _____
_____.

High School Graduation Date: _____

Applicant's Numerical Class Rank _____ // total number in graduating class _____.

Applicant's current cumulative H.S. grade average _____%

Special needs: If you have a special need due to extenuating circumstances, impairment, or disability, please explain: _____

Name of college (2 or 4 year, technical, vocational or trade school) applicant plans on attending: _____

College / School Address: _____

Has applicant been accepted? _____

Work Experience:

Period worked: _____. Business/Employer's Name & Address: _____

_____:

Job title: _____ Hours/week: _____

School related organizations/extracurricular activities involved in grades 9-12:

_____.

Non-school related organizations/extracurricular activities involved in grades 9-12:

_____.

Leadership positions held in grades 9-12: _____

_____.

