



Specialty Advertising Association of California
Presidents Scholarship Application
Application for Additional Scholarship Funds

Instructions: Please provide all of the information requested below. An official transcript of grades must accompany this information from your present college or university. All information must be received by April 15 for consideration.

Name: _____ Graduating Class: _____

Address: _____ () _____
 Street Telephone

_____ City State Zip Code

College or University Presently Attending: _____

Present Status (check one):

_____ Freshman _____ Sophomore _____ Junior _____ Senior

Parent or Guardian Presently Employed by SAAC Member Company:

Name: _____

Address: _____ () _____
 Street Telephone

_____ City State Zip Code

Company: _____

Address: _____ () _____
 Street Telephone

_____ City State Zip Code

 Parent/Guardian Signature Date

If approved for additional scholarship funds, the check will be made payable to the student and mailed after receipt of class schedule for upcoming term. Please indicate address where check is to be mailed.

Address: _____ () _____
 Street Telephone

_____ City State Zip Code

Please send this form and transcripts to:
 SAAC Presidents Scholarship Program
 1200 Paseo Camarillo #100
 Camarillo CA 93010
 805 484-7393
info@saac.net

Application for SAAC Presidents Education Scholarship Funds

LETTER FROM THE SCHOLARSHIP CANDIDATE

Name of Scholarship Applicant: _____

Please provide your own statement in 250 words or less why you feel you are deserving of a scholarship including educational goals, non-scholastic activities, work experience and other scholarship aid you have received or are receiving. Statement may be attached to this form.

(signature)

(date)