

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