

CASC SCHOLARSHIP APPLICATION

California Association of Student Councils

1212 Preservation Parkway, Oakland, California 94612

tel: 510.834.2272 fax: 510.834.2275 email: cascmail@aol.com url: www.casc.net



Scholarship Processing Instructions

We have **limited funds available**, so please do the following in order to have your application considered: (print legibly using black pen)

- (a) Complete this Scholarship Application form in detail (front and back)**
- (b) Enclose the first page of your parent's most recent IRS Tax Return**
- (c) Complete the desired Conference Registration Form**

All these materials should be completed and returned to the CASC office. If you'd rather fax the documents to expedite the process, please call our office to confirm our receipt. If you have any questions, please feel free to contact our office.

Scholarship Notification

You will be notified by our office of the results, so please make sure the email address, cellular, and home telephone number are "very" clear and legible. Please feel free to contact us if you have not heard the results within 3 (three) days.

Scholarship Registrant

Today's Date: ____/____/____

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Tel.: () _____ Cell.: () _____ Fax () _____
E-mail: _____ Gender: Male____ Female____
Birth Date: ____/____/____ Age: _____ County: _____ Grade Level: _____
Ethnicity: _____ (Required for statistical purposes only)
Last CASC Conference You Attended: _____ Year _____

Family Financial Data

Conference Applying For: _____ Date of Conference: ____/____/____
Have you ever had a scholarship from us before? Yes____ No____ If so, which conference _____ Year _____
Amount Requested: \$ _____ Total Family Income: ____\$20,000 - \$40,000 ____\$40,000 - \$60,000 ____\$60,000 - \$80,000 ____\$80,000 - more
Total No. of Household Members: _____ Parent's Signature _____ Print Name _____

Educational Background

Current Leadership Position: _____ County: _____ Member School: Yes____ No____
School: _____ High School____ Middle School____ Public____ Private____
Address: _____ City: _____ State: _____ Zip: _____
School Tel: () _____ School Fax () _____ County: _____
Advisor Signature _____ First Name _____ Last Name _____

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First Name: _____ **Last Name** _____

Scholarship Essay Questions

1. Why do you need scholarship aid to attend the conference? Explain any special circumstances. (Please feel free to "add" additional sheets in order to complete any of these questions.

2. What are you doing to raise your own money?

3. Why do you wish to attend the conference?

4. How will you use this conference to make a difference at your school? (if necessary, please use another sheet to explain this and other areas)

FOR CASC OFFICE USE ONLY

Date Application Rec'd at CASC	Amount Requested	Amount of Allocation	Notified	Comments