

# CASC SCHOLARSHIP APPLICATION

California Association of Student Councils  
51 E. Campbell Avenue, Suite 102, Campbell, CA 95008  
tel: 510.834.2272 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 **at least 2 weeks prior to the program**. 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 heard the results within 3 (three) days.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Scholarship Registrant

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