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: ____ _____ first last 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:

Scholarship Application School Year 2023-24

Section 2 Parent / Guardian / Grandparent Information (Must be active SASIE memb
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Full name:	_	
last	first	
Phone no. ()		
Address:		
School you substitute at most:		
Number of years you have substituted:		
Approximate days you have substituted this school	year:	

Submission Instructions:

Applicant: Submit to School's Guidance Office on or before Noon – Mar. 4, 2024 (Mon)

(Guidance Office: Submit applications to SASIE (mail hard-copy by USPS) by the close of business 3/11/24. Award recipients will be determined by a committee comprised of SASIE officers. You will be notified of their selections by 3/18/24.