CAASFEP Scholarship Application California Association of State and Federal Education Programs Due Date: April 15, 2016

California Association of Administrators of State and Federal Education Programs (CAASFEP) honors past presidents, Ron Fontaine and Elizabeth Pinkerton, for their lifelong dedication to the education of students by awarding two \$1,000 scholarships to graduating seniors.

The recipients of the CAASFEP scholarships will automatically be eligible to compete for the two National Association of Federal Education Program Administrators (NAFEPA) Scholarships.

<u>Purpose</u>

The purpose of the scholarship program is to financially support post-secondary education for qualifying seniors who are attending their first year of college.

<u>Eligibility</u>

An eligible student must:

- Be a high school senior who plans to enroll in an accredited college or university.
- Have demonstrated leadership in school or community activities
- Have an overall academic record of 3.0 G.P.A. or above on a 4.0 scale
- Be sponsored by a current member of CAASFEP

Selection Process

Scholarship winners will be selected based upon the following areas of equal point value:

- Current High school transcript (20 points)
- Extracurricular activities/leadership activities within the school, community or church (20 points)
- Three letters of recommendation, including at least one letter from a principal and one from faculty member (20 points)
- Financial need (20 points)
- A 300 word (maximum) essay outlining his/her leadership activities and future goals (20 points)

Scholarship Payment

Please note that the full amount of the scholarship is paid directly to the institution only after the scholarship recipient forwards the necessary information from their institution regarding scholarships to the scholarship chairperson.

Scholarship Due Date and Contact Information

CAASFEP Scholarship Due: **April 15, 2016**

Mail to:	Debbie de Ganna, Scholarship Chair
	2010 W. Swain Road
	Stockton, CA 95207
Telephone:	209-953-8735
Email:	ddeganna@lusd.net

CAASFEP Scholarship Application

Part I: To be completed by Scholarship Applicant

Last Name:	First Name:	MI:	
Address:	City:	Zip:	_
Telephone Number(s): _Home: _		Cell:	
Email Address:			
High School:	Date of Gra	duation:	-
Parent(s) or Guardian(s):			-
Address:			_
City: State: _	Zip:		
Institutional Est Preference(s) Cos	imated Annual st	Estimated Contributed by family	Anticipated Aid from Other Sources

A Completed CAASFEP Scholarship Application Form with all signatures must have the following attachments:

- A one-page personal typed narrative (300 words maximum) from the applicant explaining why • he/she is applying for the scholarship-including:
 - The type of state or federal program the student benefited from in school-≻
 - Title I Program- Reading Support, Math Support, Study Skills •
 - English language support for English Learners
 - . Other
 - All awards \geq
 - ➢ Interests
 - Leadership activities within the community and school \triangleright
 - ➢ Future goals.
- A Current High School Transcript
- Three letters of recommendation:
 - > One from a principal or administrative designee, or counselor on school letterhead;
 - > One from a faculty member on school letterhead; and
 - > One from a non-family member.
- Complete Part II Signatures: By a current member of CAASFEP; the applicant's own signature
- Complete Part III: Demonstration of Financial Need. .

Part II: Signature of Sponsoring CAASFEP member

I am a current member of CAASFEP and request the CAASFEP scholarship board's consideration of this application.

Signature of CAASFEP Member	Printed Name of CAASFEP member
Applicant's Signature:	Date:

Part III: Demonstration of Financial Need

After completing and signing the top section, the applicant should forward Part III to the High School Principal or the principal's designee.

I, hereby author	rize
(Name)	(Name of Principal)
to advise the CAASFEP Board as to my demor	nstrated financial need for the purposes of my
application for the CAASFEP Scholarship Prog	gram.

Signed: _____ Date: _____

To be comp	pleted b	v High	School	Princip	al
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I certify that this student is eligible under current USDA guidelines for either <u>(please check)</u>

Free \square or **Reduced** \square or **Paid** \square lunch participation and that this student will meet the established criteria for obtaining a High School Diploma at the conclusion of this current school year.

Principal	Signature
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Date

High School

School Phone

Percentage of School's Free/Reduced Lunch

Please return this completed form to the applicant on or before ______.

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