

**ACADEMIC SCHOLARSHIP AWARD PROGRAM**  
Sponsored by the San Luis Obispo County Employees' Association

**APPLICATION FORM**

NAME: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

PARENT or LEGAL GUARDIAN: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Year: \_\_\_\_\_

Last diploma or degree received: \_\_\_\_\_

Are you a returning student?  Yes  No

What school will you be attending in the Fall: \_\_\_\_\_

What is the anticipated start date: \_\_\_\_\_

What classes and how many units will you be taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will you be living?  Home  Apt  Campus Housing  Other

Clubs/ Civic Organizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sports (Club or Team): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Projects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Print) Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ONE PAGE ESSAY**

NAME: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Please describe: (1) your community service and (2) your academic or vocational goal as it relates towards the completion of your degree or certificate. (Please type).

