



SAN DIEGO CHAPTER OF THE AMERICAN PAYROLL ASSOCIATION SCHOLARSHIP GRANT

ELIGIBILITY CRITERIA

To be considered for the SDAPA Scholarship in the amount of \$400.00, you must complete the SDAPA Scholarship application and meet all of the following criteria:

- Be an immediate family member (Spouse, child and/or foster child) of a current SDAPA member.
- Be a high school senior with a 3.0 scholastic average who will be attending an Accredited Institution in the fall or a full time student enrolled in an Accredited Institution with a 3.0 average
- All courses at an Accredited Institution will be considered, however preference will be given to Business Majors.
- In addition consideration will be given to financial need

This application is for the fall semester of 2015

GUIDELINES

Completed applications must be postmarked or emailed by May 15, 2015 and mailed to:

San Diego Chapter of the American Payroll Association
P.O. Box 881523
San Diego, CA 92168-1523

Attention: Scholarship Coordinator

You must submit with your application an official transcript from your high school; or if a current student at an Accredited Institution, a transcript from that institution reflecting a grade point average that meets the current eligibility criteria.

Applicants will be notified on completion of selection.

Award will be paid upon submission of a tuition receipt from an Accredited Institution.

SDAPA SCHOLARSHIP APPLICATION

Applicant Name _____

SDAPA Member Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

Date of Birth _____

Parent(s) Name _____

Parent(s) Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

I certify that the statements in this application are true.

_____ X _____
Print Name Signature

_____ Date

SDAPA SCHOLARSHIP APPLICATION

Applicant Name _____

High School:

Name of School attended/attending: _____

Address: _____ City: _____ State: _____

Year Graduated: _____ or Expected Graduation Date: _____

Grade Point Average: _____

National Accredited Institution (if enrolled):

Name of School attended/attending: _____

Address: _____ City: _____ State: _____

Grade Point Average (if enrolled): _____

Year(s) Enrolled in Accredited Institution: _____

Other University or College attended: _____

Year(s) Attended: _____ Grade Point Average: _____

School Activities: _____
