



# CADA MEMORIAL SCHOLARSHIP

Directions: Fill out one scholarship application MAXIMUM \$200 DOLLAR scholarship

LEADERSHIP CAMP

NAME:	
HOME ADDRESS:	
CITY/ZIP:	
HOME PHONE:	
MOBILE PHONE:	Email:
ADVISOR NAME:	School:
CADA/CASL AREA:	Advisor's Email
2011-2012 GRADE LEVEL:	

## REQUIREMENTS:

1. YOUR SCHOOL MUST BE A CURRENT MEMBER OF CADA/CASL
2. YOUR ADVISOR MUST ALSO ATTEND THE LEADERSHIP PROGRAM FOR WHICH YOU ARE APPLYING
3. YOU MUST HOLD A LEADERSHIP POSITION, EITHER AN APPOINTED OR ELECTED POSITION IN YOUR SCHOOL'S ASB
4. YOU, YOUR PARENT/GUARDIAN, AND ASB ADVISOR MUST SIGN THIS FORM
5. THE SCHOLARSHIP WILL BE PAID DIRECTLY TO THE CADA/CASL LEADERSHIP PROGRAM AND IS NOT TRANSFERABLE
6. YOU MUST SUBMIT A TYPE-WRITTEN ONE PAGE ESSAY ANSWERING THE FOLLOWING QUESTIONS.
  - HOW WILL THE EXPERIENCE YOU GAIN FROM ATTENDING THIS CADA/CASL PROGRAM BENEFIT THE STUDENTS AT YOUR SCHOOL?
7. YOUR ACTIVITY ADVISOR/DIRECTOR MUST SUBMIT A BRIEF LETTER OF RECOMMENDATION ON SCHOOL LETTERHEAD
8. FORMS MUST BE SUBMITTED TO CADA/CASL SCHOLARSHIP COMMITTEE

CADA CENTRAL  
C/O Stephanie Munoz  
3540 SOQUEL AVE. SUITE A  
SANTA CRUZ, CA.95062

\*APPLICATION MUST BE POSTMARKED BY February 15<sup>th</sup>, 2012

\*\*RECIPIENTS WILL BE NOTIFIED ON OR BEFORE March 15<sup>TH</sup>, 2012

ADVISOR SIGNATURE:
APPLICANT'S SIGNATURE:
PARENT/GUARDIAN NAME (PRINTED)
PARENT/GAURDIAN SIGNATURE