

School Administrators Association of New York State – Region 5
Scholarship Application

Name of Applicant: _____ Date: _____

Name of School: _____

Name of School District: _____

Post Graduate Plans: _____

Please complete and submit the following:

1. Three words/phrases I would use to describe myself are:

2. A person who has influenced my life is _____
because _____

3. If awarded, I plan to use the \$1,250 award from SAANYS in the following way(s):

4. Please attach a transcript and resume or statement of activities and achievements to assist the scholarship committee in the selection process. If these documents are not received with your application, your application will be incomplete and will not be considered.

Please write clearly:

Student Signature: _____

Student Email Address: _____

Parent Signature: _____

Parent Email Address: _____

Mailing Address: _____

Phone Number _____

School Principal's Name _____

SAANYS ID number _____

Principal's Signature _____

(By my signature and membership ID number, I affirm that I am an active member of SAANYS)

Please check one: Applicant is a _____ *Student of* or _____ *Child* of a SAANYS Member

Applications due by **May 2, 2025.**

Please email and/or scan the completed application directly to Matt Younghans at

myounghans@ccsd.edu.