



CADA MEMORIAL SCHOLARSHIP LEADERSHIP CAMP SCHOLARSHIP

NAME:	
HOME ADDRESS:	
CITY/ZIP:	
HOME PHONE:	
CELL PHONE:	EMAIL:
ADVISOR NAME:	SCHOOL:
CADA/CASL AREA:	ADVISOR'S EMAIL:
2017-2018 GRADE LEVEL:	

REQUIREMENTS:

1. YOUR SCHOOL MUST BE A CURRENT MEMBER OF CADA/CASL.
2. YOUR ADVISOR MUST ALSO ATTEND THE CAMP 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 QUESTION:
 - 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
3121 Park Avenue Suite C
Soquel, Ca 95073

***APPLICATION MUST BE POSTMARKED BY February 11, 2017**

****RECIPIENTS WILL BE NOTIFIED ON OR BEFORE March 18, 2017**

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