



CADA MEMORIAL SCHOLARSHIP CASL SCHOLARSHIP

NAME:
HOME ADDRESS:
CITY/ZIP:
HOME PHONE:
CELL PHONE:
EMAIL:
ADVISOR NAME:
CADA/CASL AREA:
2010-2011 GRADE LEVEL:

REQUIREMENTS:

1. YOUR SCHOOL MUST BE A CURRENT MEMBER OF CADA/CASL
2. YOUR ADVISOR MUST ALSO ATTEND THE CASL CONVENTION 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
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 DECEMBER 11TH, 2010

**RECIPIENTS WILL BE NOTIFIED ON OR BEFORE JANUARY 29TH, 2011

ADVISOR SIGNATURE:
ADVISOR EMAIL:
APPLICANT SIGNATURE:
PARENT/GUARDIAN NAME (PRINTED):
PARENT/GUARDIAN SIGNATURE: