

Sherman Oaks Center for Enriched Studies Booster Club

Application for Scholarship Form

Please complete all sections of this form and place it in the Booster Club mailbox in the Main Office or scan and email it to socesbooster@gmail.com at least two weeks before the funds are needed. No scholarship requests will be considered after the last two weeks before school ends. **To be eligible for a scholarship, your family must have submitted a meal application during the application period for the current school year.**

1. Today's date: _____
2. Student's name: _____
Last First
3. Grade: _____
4. Teacher (required): _____
Printed Name Signature
5. Teacher's recommendation (required): _____

6. Parent/Guardian: _____
Printed Name Signature
7. Student's signature: _____
8. Contact info (preferably email): _____
9. Amount requested: _____
10. Date funds are needed: _____
11. To whom is check to be made payable (not student, parent or teacher):

12. Describe financial need: _____

13. Date of activity: _____
14. Purpose of scholarship: _____

15. How school will benefit: _____

Please print legibly. Attach additional sheets if necessary.