

Association of California School Administrators Region 6 Bob Blackburn Student Scholarship Program 2023-2024

The Association of California School Administrators Region 6 is awarding \$1000 scholarships to graduating high school seniors who are children of ACSA members in Region 6

QUALIFICATION CRITERIA

The award is based on records of success in academics, scholarship, citizenship, activities, and the potential for success in higher education as revealed in the application documents.

The applicant must:

1. Be a high school graduating senior.
2. Have a **State ACSA and Region 6 member as a parent or guardian.**
3. Plan to attend a college, university or junior college in the Fall of 2023 as a full-time student.
4. Complete all requirements of the attached application. **The written application must be done by the applicant.**

The completed application must be emailed to Rose Lock, Region 6 Executive at roselockR6@gmail.com by 5:00 PM on February 16, 2024.

ACSA Region 6 Scholarship Application

Applicant Information

Student Applicant's Name _____

Student Applicant's address _____

City _____ Zip Code _____

Student Applicant's Cell Phone # _____ Email: _____

Birthdate _____ Expected Graduation Date _____

High School and District _____

High School Address _____

City _____ Zip Code _____

Higher education institution you plan to attend in the fall _____

Have you been officially accepted? _____

Parent/Guardian Information

(Parent/Guardian must be a current ACSA member)

Name of Parent/Guardian _____

Parent/Guardian's Cell Phone # _____ Email: _____

Work Location/District _____

Position _____

Region 6 Charter _____

Relationship to Student Applicant _____

4. Describe your involvement in community activities.

5. How do you view your role as a responsible citizen of the world?

6. Please tell us anything else about yourself that you would like to have considered in the assessment of this application.

ACSA Region 6 Scholarship Application

Applicant Appraisal (Complete by school official)

IMPORTANT NOTE TO SECONDARY SCHOOL OFFICIAL: Please return this application and an official transcript to the applicant promptly so that he/she may return it prior to the deadline.

THIS SECTION MUST BE COMPLETED BY A SCHOOL OFFICIAL WHO KNOWS YOU AND YOUR ACCOMPLISHMENTS

The applicant's choice of post-Secondary education program	<input checked="" type="checkbox"/>	extremely appropriate	<input checked="" type="checkbox"/>	very appropriate	<input checked="" type="checkbox"/>	moderately appropriate	<input checked="" type="checkbox"/>	inappropriate
The applicant's achievements Reflects his/her ability	<input checked="" type="checkbox"/>	extremely	<input checked="" type="checkbox"/>	very well well	<input checked="" type="checkbox"/>	moderately	<input checked="" type="checkbox"/>	not well well
The applicant's ability to set Realistic and attainable goals	<input checked="" type="checkbox"/>	excellent	<input checked="" type="checkbox"/>	good	<input checked="" type="checkbox"/>	fair	<input checked="" type="checkbox"/>	poor
The quality of the applicant's commitment to school and community	<input checked="" type="checkbox"/>	excellent	<input checked="" type="checkbox"/>	good	<input checked="" type="checkbox"/>	fair	<input checked="" type="checkbox"/>	poor
I know the applicant	<input checked="" type="checkbox"/>	extremely well	<input checked="" type="checkbox"/>	very well	<input checked="" type="checkbox"/>	moderately well	<input checked="" type="checkbox"/>	not well

Additional comments:

Appraiser's

Signature: _____ **Date:** _____

Title/Affiliation: _____ **Phone:** _____

Transcript Information (Complete by school official)

Student must include a high school transcript and have the following section completed the appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative grade point average: _____

I certify this data is from a current and official transcript.

School Official's Signature: _____ Date: _____

Title: _____

School Official's Address: _____

City _____ Zip Code _____

Certification

All of the information on this form is true and complete to the best of our knowledge. We agree to give proof of the information we have given on this application. We realize that if we do not give proof when asked, the student will not be considered for a scholarship.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

****In accepting this scholarship, you must provide verification of attendance at a higher education institution for fall 2024. Please email evidence of full-time enrollment in a college, university, or junior college for fall 2024 to Region 6 Executive Director at roselockR6@gmail.com by September 30, 2024.**