

**Application for Scholarship Assistance
2009-2010 School Year**

Name of Applicant:	Last, First, M.I.		
Address:	Street		
	City	State	Zip Code

Applicant's Telephone: (____) _____ **Applicant's Date of Birth:** _____

Check One (1) **Graduating High School Senior**
 Entering College Sophomore Year
 Entering College Junior Year
 Entering College Senior Year
 Adult Continuing Education

Name of NYSSCA Member: _____

Member's Address: _____

Relationship to Applicant: _____

Purpose of Scholarship: _____

School to be attended: _____

Starting date of classes: _____

Signature of Applicant: _____ **Date** _____

Signature of NYSSCA Member: _____ **Date** _____

(to be completed by NYSSCA)		
This is to certify that _____ is an active member of the New York State Stock Car Association.		
_____ Signature of NYSSCA Representative	_____ Title	_____ Date

Mail completed applications to Kelley Keefe at 1201 Arrowhead Drive North, Scotia, NY 12302. If you have any questions, call Kelley at (518) 527-8667.

DEADLINE FOR COMPLETED APPLICATION IS December 31, 2008