

2014

Scholarship Information



The SAPA Scholarship Program provides additional financial support to young performers who pursue excellence in both their academic and their pageantry activities.

All groups that participate in SAPA Championships are invited to submit one applicant from their unit who is a high school senior or already enrolled in college. Committee members chosen from the SAPA community and the broader pageantry arts community review dozens of applications and select students who stand out in qualities of academic, artistic and personal achievements.

**Applications for the 2014 scholarships must be submitted by e-mail only
NO LATER THAN MARCH 15, 2014.**

The SAPA Executive Board has established the following guidelines regarding the scholarships.

1. The recipient must be in his/her senior year of high school or already attending a college or university.
2. The recipient must attend a college or university; not a trade school or vocational school
3. The recipient must be an active marching member of a unit who will compete in the 2014 SAPA Championships in Chattanooga Tennessee.
4. Each unit may submit only one nominee. Directors are asked to write a short recommendation letter to be submitted as part of the application package.
5. Scholarships granted will be paid by check written to the college or university. Scholarship money may be used by the student for tuition, books and room/board. Any unused scholarship monies, either from the student leaving the education establishment before completing his/her degree or upon the student completing and receiving his/her degree will be returned to SAPA.
6. Scholarships granted will not be less than \$500.00 per recipient
7. The scholarship will be granted for one year only, but recipients may re-apply in another season if he/she remains active with a unit and meets all other requirements.
8. Selections will be made by a committee appointed by the SAPA Education Director, and decisions will be final.
9. Scholarships will be presented at SAPA Championships.

**Please scan all required documents to create one PDF file and e-mail to:
SAPA Education Director, Nora Lowery: sapa.nora@gmail.com**

DEADLINE FOR SUBMISSION IS MARCH 15, 2014

ALL SCHOLARSHIP APPLICATIONS WILL REMAIN CONFIDENTIAL

2014

Scholarship Application



PERSONAL DATA

Name _____

Phonetic pronunciation of name _____

Address _____

City, State, Zip _____

Phone _____ Date of Birth _____ Age _____

Social Security # _____ E-mail _____

Father's Name _____ Occupation _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Mother's Name _____ Occupation _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Number of siblings _____ Are any involved in pageantry? _____

Age(s) of siblings _____ Any siblings in college, if so, how many? _____

Are you employed? _____ If yes, where and length of time? _____

EDUCATION

High School _____

City & State _____ Year in school _____

College (if applicable) _____

City & State _____ College Major _____

UNIT INFORMATION

With which group do you perform? _____

Circle one: Color Guard Percussion How long have you been a member of that unit? _____

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2014 Scholarship Application



PLEASE ANSWER THE FOLLOWING ON A SEPARATE SHEET(S) OF PAPER:

1. Tell us about your academic progress. This includes grade point average, course load, extenuating circumstances and challenges overcome in your academic endeavors.
2. Tell us about your extracurricular activities, including all scholastic, recreational and civic activities. Identify accomplishments and responsibilities for those activities.
3. Tell us about your future plans, including your plans for post-high school education. Where do you see yourself in five years?
4. Why do you want or need this scholarship?

Please submit the following documents with you application:

- High School transcripts
- College transcripts (if applicable)
- Letter of recommendation from your unit director
- Letter of recommendation from someone other than your unit director
- SAT/ACT scores (optional and if available)

I certify that the above and enclosed information is complete and true.

Applicant _____ Date _____

I have reviewed the above information and recommend this member for the SAPA Scholarship.

Unit Director Signature _____

Unit Name _____ Date _____