

# SAN DIEGO CHAPTER OF THE AMERICAN PAYROLL ASSOCIATION SDAPA Founding Members SCHOLARSHIP

# *(In Memory of – Don Suycott and Melinda Vuchetich)*

**ELIGIBILITY CRITERIA**

To be considered for the SDAPA Scholarship in the amount of **$500.00**, you must complete the SDAPA Founding Members Scholarship application and meet all of the following criteria:

* + Be a family member of a current SDAPA member.
  + Be a high school senior with a 3.0 scholastic average who will be attending an Accredited Institution in the fall or a full-time student enrolled in an Accredited Institution with a 3.0 average.
  + All courses at an Accredited Institution will be considered, however preference will be given to Business Majors.
  + In addition, consideration will be given for financial need.
  + This application is for the upcoming fall semester of 2024.

**GUIDELINES**

Completed applications must be received by Wednesday, **May 22nd, 2024**

They can be emailed to: [darmarinello@gmail.com](mailto:darmarinello@gmail.com)

You must submit your application and an official transcript from your high school; or if a current student at an Accredited Institution, a transcript from that institution reflecting a grade point average that meets the current eligibility criteria.

The applicant awarded the scholarship, will be notified prior to the June 2024 Chapter Meeting.

# SDAPA FOUNDING MEMBERS SCHOLARSHIP APPLICATION

Applicant Name

SDAPA Member Name

Address

City State Zip

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name

Parent(s) Address

City State Zip

Phone Number\_\_\_\_\_\_

I certify that the statements in this application are true.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature

Date

# SDAPA FOUNDING MEMBERS SCHOLARSHIP APPLICATION

Applicant Name

## High School:

Name of School attended/attending:

Address: City: State:

Year Graduated: or Expected Graduation Date:

Grade Point Average:

## National Accredited Institution (if enrolled):

Name of School attended/attending:

Address: City: State:

Grade Point Average (if enrolled):

Year(s) Enrolled in Accredited Institution:

Other University or College attended:

Year(s) Attended: Grade Point Average:

School Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe, in 1000 words or less, why you should be awarded this Scholarship Grant (use separate sheet of paper if needed):