

**CASIA/ESA YOUTH SCHOLARSHIP APPLICATION / Graduation Year 2018**

Please type or clearly print all information. Form must be filled out completely and signed.

**Name of Applicant:**

\_\_\_\_\_

Last	First	Middle
------	-------	--------

**Street Address:**

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ CT \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Telephone (home): \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

**Email:**

\_\_\_\_\_

\_\_\_\_\_

**Name of High School:** \_\_\_\_\_ \* (write home schooled, if applicable)

**Street Address:**

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ CT \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

**Name of High School Counselor:**

\_\_\_\_\_

\*Home schooled students must list contact information of the person who can best verify school work and activities.

**Year of HS Graduation:** \_\_\_\_\_ **GPA through 11<sup>th</sup> Grade:** \_\_\_\_\_ **Class Ranking:** \_\_\_\_\_

\_\_\_\_\_

Note: GPA must be in a standard 4.0 scale or based on a grade percentage of 1-100. If your official high school transcript does not include a GPA in one of these formats then a method of conversion must be supplied. (Weighted GPA scores above 4.0 accepted).

**Highest SAT Scores:** Verbal: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_ Total: \_\_\_\_\_



set.

**Community Service Verification Form**

Please fill out one form for each community service organization with whom you worked, and have it verified by an individual within that organization.

**Applicants who submit this form and meet the appropriate requirements agree to the following:**

- All prize winners will be notified in writing
- All applications and writing samples become property of CASIA and ESA.
- I verify to the best of my knowledge that all of the information contained in this application is accurate and correct. My parent or guardian has signed this application too, verifying the accuracy of the information contained herein.
- I agree to the terms and conditions of the CASIA/ESA Youth Scholarship Program. I authorize the CASIA and ESA to verify all aspects of this application with my high school or the employer of my parent or guardian. I agree to abide by all terms and conditions of the CASIA/ESA Youth Scholarship Rules.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

2 of 2





---

**Connecticut Alarm & Systems Integrators Association**

P.O. Box 7230 • Wilton, CT 06897 • Tel: 203 762-2444 • Fax: 203 762-9211 • E-mail: preme



---

**Connecticut Alarm & Systems Integrators Association**

P.O. Box 7230 • Wilton, CT 06897 • Tel: 203 762-2444 • Fax: 203 762-9211 • E-mail: preme

---

**Connecticut Alarm & Systems Integrators Association**

P.O. Box 7230 • Wilton, CT 06897 • Tel: 203 762-2444 • Fax: 203 762-9211 • E-mail: premes@casiact



---

**Connecticut Alarm & Systems Integrators Association**

P.O. Box 7230 • Wilton, CT 06897 • Tel: 203 762-2444 • Fax: 203 762-9211 • E-mail: preme