

SOUTHERN SARPY ACTIVITIES PROGRAM
(SSAP) SCHOLARSHIPS 2008-2009

The Southern Sarpy Activities Program (SSAP) offers annually two (\$ **300.00**) scholarships to a High School graduating senior. (In the event that we have more than 2 deserving seniors and a tie is reached, we have the option to give more). The persons receiving the scholarship must be enrolled in a college, university, vocational-technical school or an apprenticeship program pursuing post secondary degree. Any major is acceptable.

The scholarship will be applied at the school of your choice or a copy of your acceptance to a college is acceptable for a check to be made to the individual if they choose.

Basis of Selection:

- 1) A graduating senior (Male or Female)
- 2) SSAP Activities (Participated in and Volunteered at)
- 3) Pursuing a post secondary degree (two-year, four-year, or certificate)

Application Procedures:

The applicant must complete the attached forms and submit it to the address listed on the front page of the application by **March 1, 2009**. The scholarship will be announced at the Commencement exercises.

SSAP 2008-2009 SCHOLARSHIP APPLICATION FORM

NAME_____DATE OF BIRTH_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

NAME OF PARENTS/GUARDIANS_____

MALE or FEMALE

APPLICATION DEADLINE IS MARCH 1, 2009

MAIL APPLICATION TO: **SSAP**
P. O. Box 363
Springfield, NE 68059

PLEASE CHECK THE **SSAP** ACTIVITIES YOU HAVE PARTICIPATED IN AND FOR HOW LONG THROUGHOUT THE YEARS:

SOCCER FOR HOW MANY YEARS _____ BOTH SPRING AND FALL SEASONS
IF ONLY SPRING OR FALL SEASON PLEASE NOTE BELOW

VOLLEYBALL FOR HOW MANY YEARS _____

BASKETBALL FOR HOW MANY YEARS _____

PLEASE CHECK IF YOU HAVE BEEN INVOLVED IN ANY VOLUNTEER CAPACITY FOR **SSAP**.

COACHING LIST THE ACTIVITIES YOU COACHED AND FOR HOW LONG?

REFEREE LIST THE ACTIVITIES YOU REFEREED AND FOR HOW LONG?

FIREWORKS STAND HOW MANY TIMES?

HELPING AT BANQUETS HOW MANY TIMES?

HELPING AT SPRINGFIELD DAYS HOW MANY TIMES?

ANY OTHER **SSAP** ACTIVITIES YOU HAVE VOLUNTEERED FOR PLEASE LIST BELOW:

ON THE BACK OF THIS PAGE PLEASE GIVE A BRIEF SYNOPSIS OF YOUR FUTURE PLANS AND IN WHAT WAY SSAP MAY HAVE HELPED YOU.

THIS APPLICATION FORM MUST BE RETURNED TO:SSAP , P.O. BOX 363, SPRINGFIELD, NE 68059 BY THE **DEADLINE DATE OF MARCH 1, 2009.**
