



2020 – 2021 SCHOLARSHIP APPLICATION PACKET

Student Name: _____

Application Qualifications and Checklist

A student is eligible to apply for a Savannah Arts Academy PTSA Scholarship if they meet the following criteria:

1. An eligible, graduating student
2. Student is a current member of the SAA PTSA
3. Parent/Guardian is a current member of the SAA PTSA
4. Student will be attending a college, university, technical/trade school in the upcoming school year (2021 – 2022)
5. Submit a completed application, no later than Friday, March 26, 2021

Checklist: Please include completed application with two references

- ☐ Typed application, fully completed and signed where needed by the applicant and parent/guardian
- ☐ Two letters of recommendation from an adult that is not a relative (One reference must be from a faculty or staff member at SAA)
- ☐ Disbursement of Scholarship Funds Disclaimer (Signed by parent/guardian)
- ☐ Applicant and parent/guardian are current SAA PTSA members
- ☐ Essay response. Essay must be typed in 12 pt. Times New Roman font, double-spaced in 1000 words or less

In your essay, please answer the following question:

How have you made an impact on Savannah Arts Academy and how did your experience at SAA impact you, as you grew into becoming a young adult?
Please provide concrete examples.

Applications must be emailed to the attention of St.Claire Mars, SAA PTSA Vice President, at stclaire.saapta@gmail.com on or before Friday, March 26, 2021

DISBURSEMENT OF SCHOLARSHIP FUNDS DISCALIMER

I, _____ (Parent/Guardian)
of _____ (Student) acknowledge and
understand that the scholarship award received by the winners will be a lump
sum check, paid directly to the scholarship recipient. Scholarship recipients will
be contacted via email. Awards will be distributed upon proof of enrollment at a
college, university, technical or trade school. Awards not claimed by June 1,
2021 will be forfeited.

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

I recognize and accept these conditions for the disbursement of any scholarship
award that my student may receive.

*All information provided in this scholarship submission is correct to the best of
my knowledge. If I receive a scholarship award, I hereby give permission to the
Savannah Arts PTSA to utilize my name, photo and scholarship award in any
publicity/marketing materials.*

Applicant Signature

Date

Parent Signature

Date

SCHOLARSHIP APPLICATION

Student Name:_____

Student Address:_____

Student Phone:_____

Student Email:_____

Parent/Guardian Name:_____

Parent/Guardian Email:_____

Please check off the following statements:

- ☐ Student PTSA Member
- ☐ Parent/Guardian PTSA Member
- ☐ I verify that I will be attending a college, university, technical or trade school for the 2021 – 2022 academic year.

Please list all school-related activities (arts, leadership, athletics, clubs, etc.)

Please list all non-school related activities (work, familial responsibilities, service/community organizations, Scouts, etc.)

CONTACT INFORMATION FOR REFERENCES

SAA Reference

Name:_____

Role at SAA:_____

Email Address:_____

Non-SAA Reference

Name:_____

Relationship:_____

Email Address:_____



SCHOLARSHIP APPLICATION REFERENCE FORM

Student Name: _____

Reference Name: _____

Reference Email: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Why would you encourage us to select this student to be a recipient of a Savannah Arts Academy PTSA Scholarship? Please speak to the student's character and strengths.

Thank you for agreeing to submit a recommendation for the above student. Please submit your completed response via email directly to St.Claire Mars, SAA PTSA Vice President at stclaire.saapta@gmail.com, on or before Friday, March 26, 2021