



EPSILON SIGMA ALPHA

OUTSTANDING SENIOR HIGH YOUTH AWARD

NAME: _____

ADDRESS: _____

The deadline for this form is February 1st, it must be turned into the State Senior High Youth Award Chairman by then.

Dear Applicant:

If you are a winner of the IC Outstanding Senior High Youth Award Contest, you will be notified by May 15.

This completed application and all required enclosures must be sent to the IC Youth Awards Chair, **POSTMARKED NO LATER THAN MARCH 1ST**. Applications improperly completed, incomplete or not on the current form, will be disqualified. Read the instructions carefully.

Mail directly to: **International Council Youth Award Chair.**

Please return this cover sheet with your application for convenience in processing.

I certify that all facts in this application are true to the best of my knowledge.

Applicant's Signature _____ Date: _____

{For Office Use Only}

- _____ Meets criteria of the designated scholarship
- _____ Meets one of the following:
 - 3.0 GPA minimum on a 4.0 Grade Scale **or**
 - At least a score of ACT 222/SAT 1030 (Verbal & Math)
- _____ Three (3) letters of recommendation
- _____ Application signed by the applicant
- _____ An official transcript
- _____ Student's Essay
- _____ Met the March 1st deadline
- _____ Picture

Date Received: _____