

**Application for New York State Stock Car Association
(NYSSCA) Scholarship Assistance
For Fall College Semester**

Name of Applicant	Last, First, Middle		
Address:	Street		
	City	State	Zip Code
Applicants Telephone #		Date of birth:	

Eligibility: Anyone who is a full time college student for fall semester is eligible. You must be a NYSSCA member or you must be an immediate family member of a NYSSCA member.

You will need to attach to this form your essay of no more than 250 words on “What Auto Racing Means To Me”.

I am a NYSSCA member? ___ Yes ___ No

If you are not a NYSSCA member, who is your immediate family member that is a NYSSCA member? _____

Member’s address: _____

Relationship to applicant: _____

Purpose of Scholarship: _____

College to be attended? _____

Signature of Applicant: _____ Date _____

Signature of NYSSCA Member: _____ Date _____
(if applicant not a NYSSCA member)

To be completed by NYSSCA		
This is to certify that _____ is an active member of the New York State Stock Car Association.		
_____ Signature of NYSSCA representative	_____ Title	_____ Date

**DEADLINE FOR COMPLETED APPLICATIONS IS MARCH 31
MAIL TO: NYSSCA, 10 MATTHEW DR, CASTLETON, NY 12033**