



College of Adaptive Arts Student Scholarship Application

Date: _____

Personal Information of Student Requesting Scholarship

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Scholarship Quarter Request:

_____ Winter Quarter Year: _____

_____ Spring Quarter Year: _____

_____ Summer Quarter Year: _____

_____ Fall Quarter Year: _____

Education Information

High School: _____

City: _____ State: _____ Year Graduated: _____

Post-Secondary School (if applicable): _____

Day Programs Attending (if applicable): _____

Positions/Jobs Held (if applicable): _____



Area of Emphasis (Check all that Apply)

- | | |
|---|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Dance | <input type="checkbox"/> TV/Film |
| <input type="checkbox"/> Music | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Library & Research | <input type="checkbox"/> Other |

CAA Applicant Status

- First-year CAA Student
- Returning CAA Students
- Graduate Studies Student

Other Potential Sources of Funding

- San Andreas Regional Center or other State Regional Center
- Dept. of Rehabilitation
- SSI
- SSA
- Other: _____

Special Achievements, Honors, Recognition:

Extracurricular Activities, Community Involvement, Employment:



Other Areas of Potential Support of Family/Networks/Care Providers:

- | | |
|--------------------------------------|-------------------------------------|
| _____ Volunteer at CAA Event | _____ Recruit for Monthly Tours |
| _____ Donate to Silent Auction | _____ Social Media Support |
| _____ Donate to Site Supplies | _____ Volunteer on Committee |
| _____ Recruit new potential students | _____ Circulate flyers in community |
| _____ Help coordinate fundraiser | _____ Other |

Checklist for Application Process:

_____ This complete application form, send to DeAnna Pursai, Executive Director, deanna@collegeofadaptivearts.org, Attn: Student Scholarship Application, or mail to College of Adaptive Arts, 1401 Parkmoor, Suite 260, San Jose, CA 95126.

_____ One page statement from students what they hope to achieve with their CAA education.

_____ Students may be asked to submit sample of artwork, video of performance, portfolio, etc.

_____ Transcripts, if accessible/applicable.

Please submit application and direct all scholarship questions to DeAnna Pursai, Executive Director, deanna@collegeofadaptivearts.org. All applications will be submitted to CAA Board for review and approval on a quarterly basis.

