LOUISE PRUETT MEMORIAL SCHOLARSHIP APPLICATION

Deadline for Application:
March 1, 2012

Requirements for Application:
- Adult student age 25 and above.
- Full-time or part-time student with GPA of at least 2.5 who has completed 6 semester hours at Shelton State.

Please Note: Preference will be given to active members of the Shelton State Alumni Association or family members of active members.

A completed Application consists of:
- This form (type or print clearly).
- A copy of your Shelton State transcript in a sealed envelope.
- An essay describing your educational goals (limit to one double spaced, typed page).
- Two letters of recommendation in individually sealed envelopes.

Completed applications must be turned in to the Alumni Association Office In the Faculty Suite, Office #2724 by 5:00 p.m. on March 1, 2012.

PERSONAL INFORMATION

Name:________________________________________________________________________
  Last       First       Middle

Address:_____________________________________________________________________

                                  City       State       Zip

Day Time Telephone Number:____________________________________________________

Date of Birth:_________________ Student # or Social Security: _______________________

COLLEGE (CURRENTLY ATTENDING)

Name of College:_____________________________________________________________

Address:_____________________________________________________________________

                                  City       State       Zip

Grade Point Average:__________/4.0 (Transcript required, either official or unofficial will be accepted)

- Over Please -
Extra Curricular Activities (include offices held, honors, awards, etc.):


EMPLOYMENT (MOST RECENT FIRST)

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Are you or an immediate family member a SSCC Alumni Association active member? ______. If yes, please give name under which membership is listed:___________________________________

Please check to be certain that all of the following requirements for application have been met:

- Completed application (incomplete applications will be disregarded)
- Current transcript in sealed envelope
- Essay describing your educational goals
- Two letters of recommendation in individually sealed envelopes

The amount of this scholarship award will be determined at a later date.

Signature:__________________________________________ Date:________________________

APPLICATIONS SHOULD BE MAILED TO:  OR DELIVERED TO:
Shelton State Community College  Ronda Shirley
9500 Old Greensboro Road  Shelton State Community College
Box 199  Faculty Suite, Office #2724
Tuscaloosa, Alabama  35405  205-391-2252

It is the official policy of the Alabama Department of postsecondary Education, including all Postsecondary institutions under the control of the State Board of Education, that no person in Alabama shall, on the grounds of race, color, handicap, sex, religion, creed, national origin, or age be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment.