FOUNDATION SCHOLARSHIP APPLICATION
FALL 2013 - SPRING 2014 - SUMMER 2014

DEADLINE FOR APPLICATION: MARCH 6, 2013 AT 5:00P.M.

Contact Person: Kimberly Kendrick
(E-mail) kim.kendrick@sheltonstate.edu
(Phone) 205-391-2298

Review eligibility criteria for each scholarship to make sure you are eligible to apply.
List specific scholarships for which you qualify and are applying. (May list 8 scholarships per application form)

__________________________________________
__________________________________________
__________________________________________
__________________________________________

Requirements for application:
1. Complete this application form, sign and date. Make one copy for each scholarship for which you are applying.
2. Write a one page essay describing your educational goals and/or financial need. If the scholarship requires documentation of financial need make sure you discuss this in your essay. Make one copy for each scholarship for which you are applying.
3. Obtain any documentation/references required by scholarships for which you are applying. Copy as necessary.
4. Request ONE SEALED OFFICIAL TRANSCRIPT of grades from the educational institution presently attending or LAST attended. (This includes SSCC students). This transcript may be delivered with application packet or sent directly from institution to the address below.
5. Place all papers in one large envelope. DO NOT staple. DO NOT put in folder/binder. A cover page may be used.

Mail or deliver to: Shelton State Foundation
9500 Old Greensboro Road, Box 230
Tuscaloosa, Alabama 35405

TO BE CONSIDERED
- APPLICATION FOR ADMISSION MUST BE ON FILE
- SCHOLARSHIP PACKETS MUST BE COMPLETE WITH ALL REQUIRED MATERIALS
- LATE AND/OR INCOMPLETE PACKETS WILL NOT BE CONSIDERED
- SCHOLARSHIP PACKETS MUST BE POSTMARKED OR DELIVERED TO THE FOUNDATION OFFICE, ROOM 2218, OR THE MAILROOM, ROOM 1504, IN ONE LARGE ENVELOPE MARKED FOUNDATION NO LATER THAN MARCH 6, 2013 AT 5:00 P.M.
(SEE INFORMATION DESK FOR DIRECTIONS)

Meeting the minimum requirements does not guarantee a scholarship. Scholarship awards are based on availability and competition. The scholarship committee will take into account any other scholarships awarded to the applicant. All applicants will be notified by mail upon completion of review.

PERSONAL INFORMATION

Full Legal Name: ____________________________________________
Last First Middle/Maiden

Address: __________________________________________________

City State Zip
Telephone Number: __________________________  Social Security Number (last four digits): ____________

Anticipated/Declared College Major: __________________________  Career Choice: __________________________

Are you currently attending SSCC?  Yes ____  No ____

HIGH SCHOOL INFORMATION

Name of High School Attended or Attending: _______________________________________________________

Date of Graduation: __________  Grade Point Average: __________ /100 or __________ /4.0

COLLEGE (Currently Attending)

Name of College: __________________________________________________________

Address: __________________________________________________________

Grade Point Average: __________/4.0 (Sealed OFFICIAL transcript is required of enrolled SSCC students also)

EXTRA CURRICULAR ACTIVITIES: High School or College (Include school, year, offices held, honors, awards)

__________________________________________________________

__________________________________________________________

__________________________________________________________

EMPLOYMENT (List most recent first):

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<th>Name of Firm</th>
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EDUCATION (List any other schools, colleges, specialized training, etc. not previously listed)

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I certify that all information in this application is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for scholarships. I understand my responsibility to meet and maintain the conditions of the scholarship(s) for which I am applying.

Applicant’s signature (required) ___________________________________  Date (required) ______________

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.