



## **SHELTON STATE AMBASSADORS**

The Shelton State Ambassador Program provides leadership training, while offering the opportunity to serve as the official hosts for Shelton State Community College. Ambassadors are chosen on the basis of leadership potential, community service, and commitment to Shelton State. The Ambassadors assist in recruitment, foundation and alumni support, community service, and student activities. Members work closely with the administration and faculty of the College to convey Shelton State's message to the community.

Ambassadors must be enrolled as full-time students and attend scheduled meetings. Additionally, the Ambassadors must serve a minimum of 35 service hours or a maximum of 80 service and leadership development hours during the fall and spring semesters.

Students chosen as Ambassadors receive waivers of tuition and fees for the academic year and are given hourly monetary compensation. Students must reapply each academic year for consideration.

### **REQUIREMENTS/SELECTION CRITERIA**

Alabama State Board policy requires that Ambassadors be U.S. citizens or resident aliens and must meet institutional admission requirements. Applicants must submit a completed application packet and schedule an interview. Candidates are ranked on leadership and service experience, academic performance, and personal qualities demonstrated through interview. Selections made by committee following application reviews and personal interviews.

Selections will be made based on availability; meeting the minimum requirements does not guarantee selection. Ambassadors will serve only during the semesters specified on their contract and must reapply each academic year.

*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, disability, sex, religion, creed, national origin or age, be excluded from participation in, be denied the benefits of or shall be subjected to discrimination under program, activity, or employment.*

*Shelton State Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the Associate in Arts, Associate in Science, and the Associate in Applied Science degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404.679.4500 for questions about the accreditation of Shelton State Community College.*

## **APPLICATION PROCEDURE**

A complete Shelton State Ambassador application for new and current students includes:

1. A completed FAFSA application is required.
2. A completed Shelton State Community College Ambassador Application.
3. An official or unofficial high school transcript for 9th, 10th, 11th, and first semester of 12th grade OR official or unofficial college transcript if currently enrolled at a college. This is a separate transcript from any sent to the Office of Admissions and Records at Shelton State Community College.
4. A resume indicating leadership experience and activities.
5. Two letters of recommendation; one from the learning institution and one from the private sector.
6. An original statement of 300 words or less demonstrating how your life experiences have contributed positively in preparing you to become a Shelton State Ambassador.
7. One copy of a recent photograph of the applicant.
8. Schedule interview appointment with the Ambassador Sponsor prior to March 2.  
(Deborah Bonner, dbonner@sheltonstate.edu or 205.391.2234)

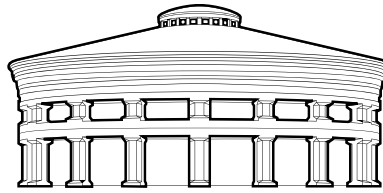
Ambassador Application Packets application packets should be **postmarked by March 2 or may be delivered to the campus by the close of business on March 2.**

The completed packet for Ambassadors must be postmarked by the deadline date and mailed to:

**Scholarship Selection Committee  
Shelton State Community College  
Box 217  
9500 Old Greensboro Road  
Tuscaloosa, Alabama 35405**

If hand-delivered, the application packet must be delivered by the close of business by the deadline date to the Room 3605, Martin Campus.

**Late and/or incomplete packets will not be considered.**



# SHELTON STATE

COMMUNITY COLLEGE

## PERSONAL INFORMATION

**Requested Semester for Scholarship to begin:**

Fall  Spring  Summer Year \_\_\_\_\_

**Check One:**

New Student  Current Student

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street) (City and State) (Zip)

**Telephone:** \_\_\_\_\_  
(Home) (Work) (Cell)

**Email address:** \_\_\_\_\_

**U.S. Citizen:**  Yes  No **Social Security Number:** \_\_\_\_\_

**Permanent Resident:**  Yes  No (If yes, attach a copy of your Resident Alien card)

**Name of High School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_ **or GED:** \_\_\_\_\_

**High School Exit Exam passed (All Components):**  Yes  No

**Extra Curricular Activities:**

School offices, honors, athletic honors and awards, student activities, etc.:

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**Employment/Community Activities:**

**COLLEGE  
INFORMATION**

Have you previously attended SSCC or another college or university?  Yes  No  
(If yes, complete section below.)

**Name of College:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City and State) (Zip)

**Dates of Attendance:** \_\_\_\_\_

**Grade Point Average in previous college work:** \_\_\_\_\_ on 4.0 scale or \_\_\_\_\_ on 3.0 scale

**This application is for the following scholarship(s)\*:**

**Academic**

**Shelton State Ambassador**

**Cheerleading**

**Athletics:**

- Baseball (Men)
- Basketball (Men)
- Basketball (Women)
- Fast-pitch Softball (Women)

**Performing Arts:**

- Visual Art
- Music
- Speech/Forensics
- Theatre

**Fortitude**

**Promise**

**Technical:**

- Air Conditioning & Refrigeration
- Auto Body Repair
- Automotive Technology
- Carpentry
- Commercial Art
- Commercial Food
- Cosmetology
- Computerized Numerical Control
- Culinary Arts
- Diesel Mechanics
- Drafting
- Electrical Technology
- Industrial Electronics
- Licensed Practical Nurse
- Machine Tool Technology
- Manufacturing Fundamentals\*\*
- Office Administration
- Welding

**Other:** \_\_\_\_\_

\* The applicant is responsible for sending a completed packet for each scholarship checked above.

\*\* Selective Service registration required.

- |                                                                |                                        |
|----------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> High School Transcript(s) or GED      | Required (New students only)           |
| <input type="checkbox"/> College Transcript(s) (if applicable) | Required                               |
| <input type="checkbox"/> Student Recommendation Form           | Required                               |
| <input type="checkbox"/> Essay "My Educational Goal"           | Required                               |
| <input type="checkbox"/> ACT or SAT Scores or COMPASS          | Required for Academic Scholarship Only |
| <input type="checkbox"/> FAFSA Application                     | Recommended                            |

**Only completed application packets submitted by the appropriate deadline will be considered. It is the applicant's responsibility to ensure that the packet is complete.**

**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.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Social Security Number:** \_\_\_\_\_

For Office Use Only:

Accepted  Denied **Amount of Award:** \_\_\_\_\_ CH **Type of Award:** \_\_\_\_\_

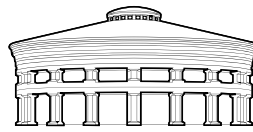
**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT  
CHECKLIST**



**SHELTON STATE**  
COMMUNITY COLLEGE

# STUDENT RECOMMENDATION



**SHELTON STATE**  
COMMUNITY COLLEGE

**Part A: To be completed by applicant:**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Student's Signature) (Date)

**Part B: To be completed by person recommending applicant:**

**How long and in what capacity have you known the applicant?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please provide an assessment of the applicant's academic performance, personality, character, and conduct. Include in the statement an assessment of strengths, weaknesses, and challenges that the student has overcome. If additional space is needed, you may use the reverse side of this sheet or a separate sheet.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Rate below the applicant's potential as a student compared to others of similar age and experience. | Below Average | Average | Above Average | Outstanding | Inadequate opportunity to observe |
|-----------------------------------------------------------------------------------------------------|---------------|---------|---------------|-------------|-----------------------------------|
| <b>Ability to work with others</b>                                                                  |               |         |               |             |                                   |
| <b>Creativity and imagination</b>                                                                   |               |         |               |             |                                   |
| <b>Maturity</b>                                                                                     |               |         |               |             |                                   |
| <b>Self-confidence</b>                                                                              |               |         |               |             |                                   |
| <b>Oral communication skills</b>                                                                    |               |         |               |             |                                   |
| <b>Written communication skills</b>                                                                 |               |         |               |             |                                   |
| <b>Motivation for college study</b>                                                                 |               |         |               |             |                                   |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
(Mailing address) (City) (State) (Zip)

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