FOUNDATION SCHOLARSHIP APPLICATION
FALL 2016 - SPRING 2017 - SUMMER 2017

DEADLINE FOR APPLICATION: MARCH 8, 2016 AT 5:00 p.m.

For more information, contact Kimberly Kendrick at kim.kendrick@sheltonstate.edu or 205.391.2298.

Review eligibility criteria for each scholarship to determine your eligibility. On the lines below, list the specific scholarships for which you qualify and wish to apply. (You may list eight scholarships per application form.)

____________________________________  __________________________________
____________________________________  __________________________________
____________________________________  __________________________________
____________________________________  __________________________________
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_________________________________  ______________________________
_________________________________  ______________________________

Requirements for Application
1. Complete, sign, and date this application form. For each requested scholarship, a COPY of the signed form must be submitted.
2. Write a one page essay describing your educational goals and/or financial need. If the scholarship requires documentation of financial need, detail this in your essay. For each requested scholarship, a COPY of your essay must be submitted.
3. Obtain any documentation/references required by scholarships for which you are applying. COPY as necessary.
4. Request ONE SEALED OFFICIAL TRANSCRIPT from the educational institution you are presently attending or the institution you most recently attended. (This includes SSCC students.) This transcript may be delivered with your application packet or sent directly from the institution to the address below.
5. Place all contents 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
• SSCC 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 8, 2016 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 consider 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

FOR OFFICE USE ONLY
☐ Application for admission
☐ Application form complete, dated, signed
☐ Essay
☐ Sealed Official Transcript
☐ Documentation/References (if required)
Telephone Number: ____________________________  Social Security Number (last four digits): ____________

Anticipated/Declared College Major: ____________________________  Career Choice: ____________________________

Are you currently attending SSCC?  Yes ____  No ____  Are you a Veteran?  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 also required for currently enrolled SSCC students.)

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

__________________________________________________________________________________________

EMPLOYMENT (List most recent first.):

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EDUCATION (List any other schools, colleges, or specialized training not previously listed.)

__________________________________________________________________________________________

__________________________________________________________________________________________

I certify that all information in this application is complete and accurate. I understand that withholding requested information or providing 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.