SHELTON STATE COMMUNITY COLLEGE

Requested Semester for Scholarship to Begin
☐ Fall  ☐ Spring  ☐ Summer  ☐ Year _______

SSCC Student Number: (Required) ____________________
☐ New SSCC Student  ☐ Current or returning SSCC Student
☐ First-time College Student

Name: ____________________________ (Last)  ____________________________ (First)  ____________________________ (Middle)

Address: ____________________________ (Street)  ____________________________ (City & State)  ____________________________ (Zip)

Primary Telephone Number: ____________________________ E-mail Address: ____________________________

Alabama Resident: ☐ Yes  ☐ No
U.S. Citizen: ☐ Yes  ☐ No
Permanent Resident: ☐ Yes  ☐ No  (If yes, attach a copy of your Resident Alien Card)

Name of High School: ____________________________

Address: ____________________________ Date of Graduation: ____________________________ or GED: ☐ Yes  ☐ No

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

☐ Academic  ☐ Technical:
☐ Shelton State Ambassador  ☐ Air Conditioning & Refrigeration
☐ Cheerleading  ☐ Auto Body Repair
☐ Athletics:
☐ Baseball (Men)  ☐ Automotive Technology
☐ Basketball (Men)  ☐ Carpentry
☐ Basketball (Women)  ☐ Commercial Art
☐ Fast-pitch Softball (Women)  ☐ Commercial Food
☐ Manager  ☐ Cosmetology

Fine Arts:
☐ Dance  ☐ Computerized Numerical Control
☐ Music  ☐ Culinary Arts
☐ Speech/Forensics  ☐ Diesel Mechanics
☐ Theatre  ☐ Drafting
☐ Theatre  ☐ Electrical Technology
☐ Theatre  ☐ Industrial Electronics

☐ Speech/Forensics  ☐ Licensed Practical Nurse*
☐ Theatre  ☐ Machine Tool Technology
☐ Theatre  ☐ Manufacturing Fundamentals**
☐ Theatre  ☐ Office Administration
☐ Theatre  ☐ Manufacturing Fundamentals**
☐ Theatre  ☐ Office Administration
☐ Theatre  ☐ Welding

* Must be admitted to program
** Selective Service registration required.

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: ____________________________

Office Use Only:
Received: __________ Complete: __________
☐ Accepted  ☐ Denied  ☐ NB
Amt. of Award: _____CH Date: ____________________________
Completed by: ____________________________
**SHELTON STATE COMMUNITY COLLEGE**

**STUDENT RECOMMENDATION**

**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.

___________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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<th>Rate below the applicant's potential as a student compared to others of similar age and experience.</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Inadequate opportunity to observe</th>
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<td>Ability to work with others</td>
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<td>Creativity and imagination</td>
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<td>Written communication skills</td>
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<td>Motivation for college study</td>
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Signature: ____________________________ Date: ________________

Print Name: __________________________ Position Held: __________________________

Employer: __________________________

Employer's Address: __________________________

(Mailing Address) (City) (State) (Zip)