



Educational Grant Application

Application MUST be Postmarked on or before THURSDAY, June 8, 2023 TYPE ALL INFORMATION

Contents:

Application Form: To be completed by applicant. **(ALL INFORMATION MUST BE TYPED EXCEPT SIGNATURES OR AS INDICATED)**

Parent's Information Form: To be completed by parent(s) or guardian(s) and notarized.

School's Information Form: To be completed by school officials.

Confidential Reference Forms (2): To be completed by a teacher and the School Counselor.

Instructions:

1. Complete the applicant form and request completion of others by appropriate individuals.
2. Have the **Parent's Information Form notarized** before including in application packet.
3. Return all of the above information along with the current year's **Income Tax Return (IRS Form 1040)** of parent(s)/guardian(s) or individual responsible for your support and a **wallet size (bust) photo**. The application packet should be returned with a postmark on or before **Monday, May 17, 2023**, to the National Scholarship Chairperson. **(See page 9 for address)**
4. **Request that an official high school or college transcript be sent directly to the Scholarship Chairperson from the school you are currently attending and from any high school, technical or community college, or university you have attended. (See page 9)**
5. Direct all questions regarding the application process to your local chapter scholarship representative or to the National Scholarship Chairperson. **(See page)**
6. **All information must be typed as indicated. Packets that are not typed are incomplete and will not be considered. Print and retain a copy of application for your records.**
7. **You will be contacted by the SHSAA Scholarship to schedule your Interview.**
8. **Retain the FYI attachments for your records. Do not include in application packet.**

All applicants are obligated to update this application, ***in writing*** to the SHSAA, Inc. Scholarship Chairperson, up to and until your interview with any pertinent information, and particularly of any other scholarships awarded. Additionally, the Association reserves the right to terminate the scholarship that is awarded if it is determined that the scholarship applicant has falsified any part of the information on this application. Moreover, if during the interview process an applicant knowingly makes any misrepresentations to the Scholarship Committee, the applicant will be disqualified.

Thank you for your interest in the SHSAA, Inc. Educational Grants Application Process.



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PART I. TO BE COMPLETED BY APPLICANT **PLEASE TYPE ALL INFORMATION**

Name: _____ Date of Birth: ____/____/____
(First) (Middle) (Last) Mo Day Yr

Address _____ City _____ State _____ Zip Code _____
(Number and Street)

Cell Phone: _____ Email Address _____

College Preference: _____

Estimated Cost Per Year \$ _____

Anticipated Major _____

Have you taken any advanced placement courses? **Select one:** Yes ____ No ____

Have you earned any college credits? **Select one:** Yes ____ No ____

If yes, how many credits did you earn and where? _____

Do you have access to a savings account, trust fund or legacies, real estate, or investments?

Select one: Yes ____ No ____

If there are any restrictions regarding the use of these assets for college expenses, please explain:

Would you accept student employment for the first year? **Select one:** Yes ____ No ____

Are you applying for an award, scholarship, or loan for the coming year from a source other than SHSAA, Inc? **Select one:** Yes ____ No ____

If yes, name the source, the amount involved, and the notification date of this award:

List all the high school activities in which you have participated, offices held, honors and recognitions received.

Write at least **two** paragraphs: **List and explain three Effects of the Pandemic on the Educational Process? What are your reactions to the crisis and what skills did you employ to survive?**
(INCLUDE WITH THE COMPLETED APPLICATION)

(Type your response on an additional page)

All applicants are obligated to update this application, ***in writing*** to the SHSAA, Inc. Scholarship Chairperson, up to and until your interview with any pertinent information, and particularly of any other scholarships awarded. Additionally, the Association reserves the right to terminate the scholarship that it awarded if it is determined that the scholarship applicant has falsified any part of the information on this application. Moreover, if during the interview process an applicant knowingly makes any misrepresentations to the Scholarship Committee, he or she will be disqualified.

Applicant's Signature: _____

Date: ____/____/____



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PART II. TO BE COMPLETED BY APPLICANT'S PARENTS

Applicant's Name _____ Date of Birth: _____
(Last) (First) (Middle)

Mother's Name _____ Occupation: _____

Name and Address of Mother's Employer: _____

Father's Name _____ Occupation: _____

Name and Address of Father's Employer: _____

In which local SHSAA, Inc. Chapter do you hold membership? _____

If parents are members of separate Chapters, please indicate: _____

How long have they been a member? Mother: _____ Father: _____

How many persons reside at your address _____

Mother's Gross Income: \$ _____

Father's Gross Income: \$ _____

Total Income from other Occupants or sources contributing to the household \$ _____
(i. e. grandmother/father; aunts, uncles, cousins, significant other)

Do you have any children who are currently enrolled at Institutions of Higher Learning or who have already received degrees? If so how many? _____

Are there any special comments that you would like to add, which might help the Committee determine consideration for this educational grant? _____ Y _____ N (If yes, please use additional page and attach statement.)

NOTE: Your signature on this document certifies that the data you have supplied is accurate to the best of your knowledge. Falsification on any information provided on this page will result in disqualification.

Mother's Signature _____ **Date** _____

Father's Signature _____ **Date** _____

THIS PAGE MUST BE NOTARIZED

SWORN before me this _____ Day of _____ / _____

Signature of Notary Public for State of _____

My Commission Expires: _____ / _____ / _____



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PART III. TO BE COMPLETED BY GUIDANCE COUNSELOR

*** This page should be submitted to your Guidance Counselor along with a stamped envelope addressed to the SHSAA, Inc. Scholarship Chairperson and should be sealed with the school stamp or the signature of the Guidance Counselor and the date enveloped sealed. This envelope should be received by the Scholarship Chairperson **unopened**.

Applicant's Name: -

High School Attended:

School Citizenship Record:

School Attendance Record:

Current "Cummulative" Grade Point Average (GPA)

Highest Possible GPA that can be attained at the School:

SAT Score: _____

ACT Score: _____

Honor Society: _____

Name of person completing this form:

Position: _____ (typed) _____ (Signature)

Phone # _____

Date: _____ / _____ / _____



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PART IV. TO BE COMPLETED BY GUIDANCE COUNSELOR

*** This page should be submitted to your School Counselor along with a stamped envelope addressed to the SHSAA, Inc. Scholarship Chairperson and should be sealed with the school stamp or the signature of the School Counselor and the date enveloped sealed. This envelope should be received by the Scholarship Chairperson **unopened**.

Reference: The student whose name appears below is applying for the SHSAA, Inc. Educational Grant. Your candid estimate of his or her academic performance, intellectual promise, and qualities as a person will assist the Committee in making its final selections.

Applicant's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address) (City) (State) (Zip Code)

College Admitted: _____

- Give a brief statement on this applicant's character and how you feel he/she would function in an academic setting. **(Please type all information)**

Counselor's Name _____
(typed)

Signature _____ Date _____

School _____



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PART V. TO BE COMPLETED BY A SELECTED TEACHER

*** This page should be submitted to your School Counselor along with a stamped envelope addressed to the SHSAA, Inc. Scholarship Chairperson and should be sealed with the school stamp or the signature of the School Counselor and the date enveloped sealed. This envelope should be received by the Scholarship Chairperson **unopened**.

Reference: The student whose name appears below is applying for the SHSAA, Inc. Educational Grant. Your candid estimate of his or her academic performance, intellectual promise, and qualities as a person will assist the Committee in making its final selections.

Applicant's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address) (City) (State) (Zip Code)

College Admitted: _____

1. Type a brief statement about this applicant's character and how you feel he/she would function in an academic setting.

2. Please rate (**place an x in the appropriate box**) the student as realistically as you can in comparison with your college preparatory students:

	Average	Below Average	Good	Excellent	Outstanding	No Basis For Judgment
Ability						
Motivation						
Self- discipline						

3. Please provide comments on this student's character and academic promise. (**Please type your response**)

Name _____
(printed)

Date: _____

Signature: _____

Position: _____



Application Check List

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- **COMPLETED ORIGINAL APPLICATION (Typewritten Only)** (Fax copies unacceptable). Electronic copy of the application is available from your Guidance Counselor, by email from the Scholarship Chair at the following address: sard13sutton@gmail.com or the Sampson Alumni website at www.shsaainc.org.
- Two References (Teacher, Guidance Counselor)
- 1 Wallet-Sized Photo (Bust)jpeg
- Parents' Sheet Notarized
- All W-2 Forms – 1040 (readable copies)
- High School Transcript (official) and if enrolled in college, verification of enrollment from an official College transcript, if applicable
- Required Signatures

Note: Falsification on any or part of this document will result in disqualification!!!

SCHOLARSHIP CHAIRPERSON

Mail application to:

Mrs. Mary Bennett Sutton, Chair
SHSAA, Inc. Scholarship Committee
P.O. Box 2953
Clinton, NC 28329
sard13sutton@gmail.com
(910) 987-5744

SHSAA Scholarship Committee

Lenzie Grice – Clinton Chapter
Phone – 910-596-2026
Email- Lenzie.12@yahoo.com

Roscoe Killett – Fayetteville Chapter
Phone – 910-286-9508
Email – roscoekillett@yahoo.com

Bettie Strickland – Triangle Chapter
Phone – 908-783-3885
Email – ms.bettstrick2@verizon.net

Larry Elmore – WMA Chapter
Phone – 401-241-5902
Email – lwelmore@verizon.net