



## Educational Grant Application

**Application MUST be Postmarked on or before FRIDAY, April 15, 2011**

### **Contents:**

**Application Form:** To be completed by applicant. **(PLEASE TYPE ALL INFORMATION 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 Guidance Counselor.

### **Instructions:**

1. Complete and have above forms completed by respective 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 **FRIDAY, April 15, 2011**, 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 9 for list)**
6. **Be advised that all information must be included. Incomplete packets will not be considered. Print and retain a copy of application for your records.**
7. 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 scholarship and amount 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, he or she 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)

Phone: \_\_\_\_\_

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 fully:

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, various offices held, and all honors and recognitions you have received.

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Write a short paragraph on why you are pursuing a higher education (**DO NOT TYPE THIS PARAGRAPH. WRITE IN YOUR OWN HANDWRITING AND INCLUDE WITH THE COMPLETED APPLICATION**)

**(Attach an additional page)**

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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 scholarship and amount 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 you been a member? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

How many people reside at your address \_\_\_\_\_

Mother's Gross Income: \$ \_\_\_\_\_

Father's Gross Income: \$ \_\_\_\_\_

**Income from other Occupants or sources contributing to the household must be listed \$ \_\_\_\_\_  
( 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 write below:

**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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Notary Public for North Carolina



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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: \_\_\_\_\_

**Signature of person completing this form:**

\_\_\_\_\_

**Position:** \_\_\_\_\_

**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)**



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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**)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_



## Application Check List

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- Completed (**Typewritten only**) ORIGINAL Application (Fax copies unacceptable) **An electronic copy of the application is available from your Guidance Counselor or by email from the Chairperson at the following address: [sardsutton@aol.com](mailto:sardsutton@aol.com)**
- Two References (Teacher, Guidance Counselor)
- Wallet-Sized Photo
- Parents' Sheet Notarized
- All W-2 Forms – 1040's (*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 AND CHAPTER REPRESENTATIVES**

Mail application to:

**Mrs. Mary Bennett Sutton, Scholarship Chairperson**  
SHSAA, Inc.  
P.O. Box 1577  
Clinton, NC 28329  
[sardsutton@aol.com](mailto:sardsutton@aol.com)  
(910) 987-5744

**Atlanta Chapter, Scholarship Representative**

*Mrs. Sally Chestnutt Wynn*  
[bountiful413@bellsouth.net](mailto:bountiful413@bellsouth.net)  
(678) 413-2858

**Clinton Chapter, Scholarship Representative**

*Mr. Ronald "Cup" Brewington*  
635 Saunders Street  
Clinton, NC 28301  
(910) 592-2367

**Fayetteville Chapter, Scholarship Representative**

*Mr. Roscoe Killett*  
(910) 286-9508  
(910) 480-1122

**Triangle Chapter, Scholarship Representative**

*Mrs. Peggy Odom*  
8800 Maymount Drive  
Raleigh, NC 27615

**Washington/Metropolitan Chapter, Scholarship Representative**

*Mrs. Joann McCalop*  
9318 Copernicus Drive  
Lanham, MD 20706-3369