



Educational Grant Application

Application MUST be Postmarked on or before Tuesday, April 15, 2008

Contents:

Application Form: To be completed by applicant.

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

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

Confidential Reference Forms (2): To be completed by a teacher or guidance counselor.

Instructions:

1. Complete and have above forms completed by respective individuals.
2. Make sure that the Parent's Information Form is notarized.
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. The application package should be returned with a postmark on or before **Tuesday, April 15, 2008**, to the local chapter scholarship representative or the National Scholarship Chairperson.
4. An official high school or college transcript **MUST be sent directly to the Scholarship Chairperson from the school you are attending** and any school high school, technical or community college, or university you have attended.
5. Questions regarding the application process should be directed to your local chapter scholarship representative (see **page 9** for that list) or to the National Scholarship Chairperson.
6. **A Wallet sized photo is a mandatory requirement.** The application packet **will not** be accepted without a photo.

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 we award 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 Grant Application process.



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PART I. TO BE COMPLETED BY APPLICANT

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

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

Phone: _____

College Preference: _____

Estimated Cost Per Year \$ _____

Anticipated Major _____

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

Have you earned any college credits? **Circle 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?

Circle 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? **Circle one: Yes No**

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

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



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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 to before me this _____ Day of _____

Notary Public for North Carolina

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' 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 SCHOOL 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.



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

2. Please rate this 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.

Date: _____

Signature: _____

Position: _____



Application Check List

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- Completed ORIGINAL Application (Fax copies unacceptable)
- 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!!!

EDUCATIONAL GRANT (SCHOLARSHIP) CHAIRPERSON AND REPRESENTATIVES

Scholarship Chairperson: *Ms. Peggy A. DeVane*
P.O. Box 525
Roseboro, NC 28382
dahdiva@yahoo.com
(910) 525-5478

Baltimore Chapter, Scholarship Representative
Freddie Lee
Mlee1433870@aol.com

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

Fayetteville Chapter, Scholarship Representative
Mary Bennett Sutton
112 Wooten Circle
Rocky Mount, NC 27801

Triangle Chapter, Scholarship Representative
Peggy Odum
8800 Maymount Drive
Raleigh, NC 27615

Washington/Metropolitan Chapter, Scholarship Representative
Joann McCalop
9318 Copernicus Drive
Lanham, MD 20706-3369