Scott County Education Association

Scholarship Requirements for Applicants

1. All applications and requirements must be submitted to your high school guidance department no later than April 15.
2. All applicants must be a graduating senior of Rye Cove High School, Twin Springs High School, or Gate City High School and planning to attend an accredited school or university.
3. All applicants must have a GPA of at least 3.0.
4. All applicants must submit a copy of their high school transcript.
5. All applicants must have excellent moral character.
6. All applicants must complete a list of hobbies, interests, work experience, school clubs, sporting activities, church activities, and goals.
7. All applicants must submit names of two references, one being a school official and one a community leader or minister.  These individuals must also submit a letter of recommendation to the committee.
8. All applicants must be available for a photograph should they be chosen for the scholarship.

Scott County Education Association

Scholarship Application

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | |
|  | Last | | | | First | |  | | | Middle | |
| Address |  | | | |  | |  | | |  | |
|  | Street | | | | City | | State | | | Zip | |
| Age |  | | | |  | | Date of Birth | | |  | |
| Phone |  | | | |  | |  | | |  | |
|  | Home | | | |  | | Cell | | |  | |
|  | | | | |  | | | | | | |
| College or University you plan to attend | | | | |  | | | | | | |
| Course of Study | | | | |  | | | | | | |
| Father’s Name | |  | | | | Occupation | | |  | | |
| Work Location | |  | | | |  | | |  | | |
| Mother’s Name | |  | | | | Occupation | | |  | | |
| Work Location | |  | | | |  | | |  | | |
| Total Number of dependents in the home | | | | | |  | | |  | | |
|  | | | | | |  | | |  | | |
| Please list other financial aid or scholarships you have received or for which you have applied. | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| SAT Score(s) | | |  |  | | | | Act Score(s) | | |  |
| Graduating Class Size | | |  |  | | | | Rank in Class | | |  |
|  | | |  |  | | | |  | | |  |
| **Please include a high school transcript to show your current coursework.** | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **References: Please list two references, one for each of the following:** | | | | |
|  | | | | |
| **School** – Example: Teacher, Principal, Guidance Counselor, etc. | | | | |
|  |  |  |  | |
| Name: |  | Address |  | |
|  |  |  |  |  |
| **Community** – Example: Minister, Youth Leader, Employer, etc. | | | | |
|  | | | | |
| Name: |  | Address |  |  |
|  |  |  |  |  |
| Please attach references with application | | | | |
|  | | | | |
|  | | | | |
| Please list any honors / awards you have received and any activities / organizations in which you have participated. Include school, community, church, etc. Include any special roles or offices you have held. | | | | |
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| Please attach a **short paper**, typed preferably, explaining your goals, visions, etc. Include any extenuating circumstances that led you to apply for this scholarship. | | | | |

Scott County Education Association

Scholarship Certification

Parent or Guardian Certification and Permission

To the best of my knowledge, the information reported is complete and accurate. I understand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for this scholarship and has an obligation to the organization. I hereby give my approval and permission for the release of information, including but not limited to financial information, to the selection committee. I understand that all information provided will be held in confidence. In addition, I approve this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature(s)

Applicant’s Certification

I certify that all information provided on this application is complete and accurate to the best of my knowledge. It is my intention to enter a college or university. In the event that my plans change, I agree to notify my guidance counselor immediately in order that this scholarship can be awarded to an alternate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature