



Classified Staff Association Scholarship Application

Name: _____ Student ID #: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Student e-mail: _____

Please provide a certified copy of your high school/college transcripts with ACT scores.

Act Composite: _____ College GPA: _____ Hours Completed: _____

Planned Enrollment: Full-time (12 or more hours) _____ Half-time (6-8 hours) _____ Other: _____

High School _____ Graduation Year _____ HS GPA _____

If you have attended any college or school since leaving high school, please list them with dates of attendance.

Do you qualify for financial aid, if so what type and how much did you expect to receive? _____

Staff person employed by SSC: _____ Relationship: _____

Return this completed form, along with ACT scores, transcripts, a letter of recommendation from an instructor, and a letter stating why you are a deserving candidate with a list of your Honors/Accomplishments/Community Service must be received by the Financial Aid Office

NO LATER THAN APRIL 15th.

Awards will be made after review by the Classified Staff Scholarship Committee. Complete applications received after April 15, will be processed contingent upon the availability of funds.

(Preference is given to any Classified Staff family member that applies.)

Signature: _____ Date: _____