

# Saraland-Satsuma-Chickasaw Scholarship

Administered by

Saraland-Satsuma Community Education Advisory Council, Inc.

d/b/a

## Saraland-Satsuma-Chickasaw Scholarship Foundation

A 501c-3 nonprofit corporation

Website: [www.sscec.com](http://www.sscec.com)

The applicant must be a senior at Chickasaw High School

### APPLICATION:

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email address: \_\_\_\_\_

High School: \_\_\_\_\_

High School GPA: \_\_\_\_\_ ACT/SAT: \_\_\_\_\_

College (to which you have been accepted) \_\_\_\_\_

Intended Major in College: \_\_\_\_\_

Number of people living in household (including brothers, sisters, parents, other dependents supported at the location of permanent residence) \_\_\_\_\_

Number of other siblings attending post-secondary institutions: \_\_\_\_\_

Are you applying for other financial aid? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", what type(s) of aid? \_\_\_\_\_

Total GROSS household income ranges:

\_\_\_ Up to \$25,000      \_\_\_ \$25,001 - \$45,000      \_\_\_ \$45,001 - \$65,000

\_\_\_ \$65,001 - \$85,000      \_\_\_ \$85,001 - \$95,000      \_\_\_ \$95,000 - \$125,000

Above \$125,000 does not qualify for this low-income scholarship.

Return to your school counselor no later than March 15<sup>th</sup>. Your counselor will attach your High School transcript.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Applicant: List school activities, community service activities, leadership responsibilities, and honors received from the 9<sup>th</sup> Grade through the current year.

**SCHOOL ACTIVITIES**

Organizations	Years Involved
_____	_____
_____	_____
_____	_____
_____	_____

**COMMUNITY ACTIVITIES**

Organizations	Years Involved
_____	_____
_____	_____
_____	_____
_____	_____

**LEADERSHIP POSITIONS**

Organizations	Years Involved
_____	_____
_____	_____
_____	_____
_____	_____

**HONORS RECEIVED**

	Years Involved
_____	_____
_____	_____
_____	_____
_____	_____

Attach additional pages if necessary

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## WRITTEN STATEMENT

Applicant: Submit, in your application packet, a written statement limited to one (1) typewritten page explaining "What Community Service Means to Me."

Sign and date your written statement.

## IMPORTANT INFORMATION

TOTAL VALUE OF THE SCHOLARSHIP IS \$3000/\$750 per year payable to the recipient at the END of each college year.

1. Proof of grades (minimum 2.5 GPA) must be presented to Barbara Scarbrough, Treasurer, for collection of Funds.
2. Proof of full-time student (minimum of 12 credit hours).

DISQUALIFICATION: If the scholarship recipient does not contact Barbara Scarbrough for two consecutive years, then you will be disqualified for any additional scholarship money.

## HOW TO CONTACT BARBARA SCARBROUGH

Saraland Area Chamber of Commerce, 939 Saraland Boulevard S, Saraland, AL 36571

Home Phone: 251-675-4918

Cell Phone: 251-610-5056

Email: [barbaraens@bellsouth.net](mailto:barbaraens@bellsouth.net)

## BANQUET INVITATION:

Please attend our annual June banquet to celebrate your scholarship. A photo of scholarship recipients will be published on our website. Your banquet ticket will be free for the four years you are a student. We will contact you by email with the date, place, and time.