

# Tori Lowery Scholarship

Administered by

Saraland-Satsuma Community Education Advisory Council, Inc.

d/b/a

## Saraland-Satsuma-Chickasaw Scholarship Fund

A 501c-3 nonprofit corporation

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

### 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

The student should complete the application and return it to the school counselor, who will attach a valid transcript and return it to the scholarship committee. Do not submit to the committee. We only accept applications from the school counselor.

TOTAL VALUE OF THE SCHOLARSHIP IS \$5,000/\$1,250 per year payable to the recipient at the BEGINNING of each college year.

1. Proof of REGISTRATION AND ACCEPTANCE with the college of your choice and proof of being a full-time student.
2. Years 2, 3, and 4 show proof of grades (minimum 2.5 GPA) and a full-time student must be presented to Barbara Scarbrough, Treasurer, to collect Funds. 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 and in the newspaper. 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.