

Carolyn Owens Scholarship

Administered by
Saraland-Satsuma Community Education Advisory Council, Inc.
d/b/a

Saraland-Satsuma-Chickasaw Scholarship Fund
A 501c-3 nonprofit corporation
Web site: www.sscec.com

APPLICATION:

Name: _____

Permanent address _____

City _____

Phone Number (home) _____ (work) _____

E-mail address _____

High School _____

High School GPA _____ ACT/SAT _____

College (to which you have been accepted) _____

Intended Major in College _____

Number of people living in the household (including brothers, sisters, parents, and 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 by March 15th. Your counselor will attach your High School transcript.

SIGNATURE OF

APPLICANT _____

Date: _____

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Student's Name: _____

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

SCHOOL ACTIVITIES

Organization Years Involved

COMMUNITY ACTIVITIES

Organization Years Involved

LEADERSHIP POSITIONS

Organization Years Involved

HONORS RECEIVED Years Involved

Could you attach additional pages if necessary?

SIGNATURE OF PPLICANT _____

Date: _____

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WRITTEN STATEMENT

Applicant: Submit a written statement in your application packet 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.

THE TOTAL VALUE OF SCHOLARSHIP IS \$2500/\$625 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 a scholarship recipient does not contact Barbara Scarbrough for two consecutive years, you will be disqualified from 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>

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.