

The Hudson 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

1. The applicant must be a senior at Saraland High School
2. A Minority (non-caucasian)
3. Have a grade point average in the range of 2.5 to 3.5 and
4. Is attending a full-time, four-year Community College, or two-year Technical 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 15th. 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 9th 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 application should be completed by the student and returned 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 \$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 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

6580 Red Oaks Lane, 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. 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.