

# Scott County Education Association

## Scholarship Requirements for Applicants

1. All applications and requirements must be submitted to your high school guidance department no later than May 9, 2018.
2. All applicants must be a graduating senior of Rye Cove High School, Twin Springs High School, or Gate City High School and planning to attend an accredited school or university.
3. All applicants must have a GPA of at least 3.0.
4. All applicants must submit a copy of their high school transcript.
5. All applicants must have excellent moral character.
6. All applicants must complete a list of hobbies, interests, work experience, school clubs, sporting activities, church activities, and goals.
7. All applicants must submit names of two references, one being a school official and one a community leader or minister. These individuals must also submit a letter of recommendation to the committee.
8. All applicants must be available for a photograph should they be chosen for the scholarship.

# Scott County Education Association

## Scholarship Application

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_  
Home Cell

College or University you plan to attend \_\_\_\_\_

Course of Study \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Location \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Location \_\_\_\_\_

Total Number of dependents in the home \_\_\_\_\_

Please list other financial aid or scholarships you have received or for which you have applied.

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SAT Score(s) \_\_\_\_\_

Act Score(s) \_\_\_\_\_

Graduating Class Size \_\_\_\_\_

Rank in Class \_\_\_\_\_

**Please include a high school transcript to show your current coursework.**

**References: Please list two references, one for each of the following:**

**School** – Example: Teacher, Principal, Guidance Counselor, etc.

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

**Community** – Example: Minister, Youth Leader, Employer, etc.

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

Please have references **mail** a letter of recommendation to:  
Scott County Education Association Scholarship Committee  
c/o Shawna Vermillion  
387 Broadwater Avenue  
Gate City, VA 24251

Please list any honors / awards you have received and any activities / organizations in which you have participated. Include school, community, church, etc. Include any special roles or offices you have held.

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Please attach a **short paper**, typed preferably, explaining your goals, visions, etc. Include any extenuating circumstances that led you to apply for this scholarship.

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## Scholarship Certification

### Parent or Guardian Certification and Permission

To the best of my knowledge, the information reported is complete and accurate. I understand \_\_\_\_\_ is applying for this scholarship and has an obligation to the organization. I hereby give my approval and permission for the release of information, including but not limited to financial information, to the selection committee. I understand that all information provided will be held in confidence. In addition, I approve this application.

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Parent or Guardian Signature(s)

### Applicant's Certification

I certify that all information provided on this application is complete and accurate to the best of my knowledge. It is my intention to enter a college or university. In the event that my plans change, I agree to notify my guidance counselor immediately in order that this scholarship can be awarded to an alternate.

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Student Signature