



**SOUTH HIGH ALUMNI ASSOCIATION
Scholarship Application
2023-2024**

Submission Deadline: March 1, 2023

Read this application completely.

South High Alumni Association has a limited number of private scholarships for Salt Lake Community College, which are based on a combination of need and merit.

Awards consist of **full tuition**, based on in-state residency. A minimum of nine course hours are required each semester. The scholarship may be applied to tuition or student fees only.

The scholarship is effective for Fall 2023 and Spring 2024.

Requirements:

1. Agree to be a degree or certificate-seeking student at Salt Lake Community College.
2. Intend to register for at least 9 credit hours in an eligible program.
3. Have at least a 2.5 grade point average if a graduating high school senior or a continuing/transfer college student.
4. Be a South High School alumnus or a direct descendant of a South High alumnus. Spouses of direct descendants are also eligible to apply.
5. Be a U.S. citizen or legal resident, and a resident of Utah.

Applications are to be submitted with the following:

- ☐ ***This completed form (including the essay questions as described on the next page)***
- ☐ **At least two** signed recommendations from people, other than family, with direct knowledge of your abilities, accomplishments, and potential. The attached forms may be used, but are not required. Make sure each form or letter is signed.
- ☐ **Official transcript** from your high school or college. This must reflect your *most recent* schooling. **At least one full year's records and something from your 12th grade year or beyond is required.**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Mail the completed application, your transcript, and two completed recommendations postmarked no later than **March 1, 2023** to:

South High Alumni Association
Salt Lake Community College
1575 South State Street
Salt Lake City, Utah 84115

Hand delivered applications will not be accepted.

If you have questions about this application, email **SHAAupdates@gmail.com**.

Do NOT give this application to the SLCC Financial Aid Office!

Applications turned in to any SLCC office will not be considered!

PERSONAL INFORMATION (Please print):

Name _____
 Last First Middle

Mailing Address: _____

City, ST Zip _____

Phone(s) _____

Email _____

Office Use Only

South High Alumnus Relationship – e.g. parent, grandparent, etc. (You **MUST** include the name of a South High alumnus [include maiden name, if applicable], their relationship to you, and their graduation or attendance dates):

Students who have received the SHAA Scholarship in the past are not eligible for consideration.

ACADEMIC INFORMATION

Circle highest grade completed: 10 11 12 13 14 15 16 What year? _____

College Classification:

☐ First time college student ☐ Continuing student at SLCC ☐ Transfer student

What is your major at SLCC? _____

How did you hear about the SHAA Scholarship? _____

ADDITIONAL REQUIRED INFORMATION

Each of the following questions is associated with a point value.

Answer ALL of them completely. *Remember, this is our only depiction of why you deserve consideration. On a separate sheet, answer the following questions.*

1. ***What are your education and career goals?*** How will you have an impact in society?
2. ***How do you plan to finance your education?*** (Please explain any specific financial needs, challenges, or circumstances you think should be considered.)
3. ***Other than financing your education, what has been your greatest challenge? How are you coping with these challenges?*** (Such as: marriage status, children, divorced, disabilities, special needs, employment circumstance, etc.)
4. ***Briefly describe your activities and accomplishments in each of the following:***
 - Work Experience (include dates of employment, responsibilities, special projects, promotions, recognition, etc.)
 - Community/Extracurricular Activities
 - Other responsibilities, projects, or awards you feel are relevant

I hereby certify that, to the best of my knowledge, the information furnished in this application is accurate and complete.

Signature _____ **Date** _____

Deadline: March 1, 2023

Student Section: To be completed by the applicant. (*Please type or print clearly*):

Student's Name: _____

Mailing Address: _____

City ST Zip

Evaluation Form: To be completed by the person providing the recommendation

6 = Outstanding 5 = Excellent 4 = Good 3 = Average 2 = Below Average 1 = No Knowledge

	6	5	4	3	2	1	Comments (Recommended)
Self-Motivation							
Commitment							
Responsibility							
Leadership							
Judgment							

Additional Comments: (Tell us about this student. Use an additional sheet if needed.)

[illegible]

Name (please print): _____

Signature: _____ Date: _____

Position: _____ Phone: _____

Relationship to Applicant: (teacher, supervisor, etc.)

School/Organization: