

Submission Deadline: March 1, 2024

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. <u>The scholarship may be applied to tuition or student fees only.</u>

The scholarship is effective for Fall 2024 and Spring 2025.

<u>Requirements:</u>

- 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 <u>direct descendant</u> 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)
- □ <u>At least two</u> 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. <u>At least one full year's records and something from your 12th grade year or beyond is required</u>.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Mail the completed application, your transcript, and two completed recommendations postmarked no later than **<u>March 1, 2024</u>** 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):

		Office Use Only		
Name				
Last	First	Middle		
Mailing Address:				
City, ST Zip				
Phone(s)				
Email				

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 <u>relationship to you</u>, and **their <u>graduation or attendance dates</u>**):

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:
 - <u>Work Experience</u> (include dates of employment, responsibilities, special projects, promotions, recognition, etc.)
 - <u>Community/Extracurricular Activities</u>
 - 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_	
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SOUTH HIGH ALUMNI ASSOCIATION Scholarship Recommendation Form

Deadline: March 1, 2024

Student: Please complete only the student section and give this form to an instructor, advisor, counselor, or someone with <u>direct knowledge of your abilities</u>, accomplishments, and potential. (This person may **not** be a relative.) Once complete, attach it to your scholarship application, and return by <u>March 1, 2024</u>.

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 =	Exc	eller	nt	4 =	Goo	d	3 = Average	2 = Below Average	1 = No Knowledge
Recommendati	on:									
		6	5	4	3	2	1	Comments (F	Recommended)	
Self-Motivation										
Commitment										
Responsibility										
Leadership										
Judgment										

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

Name (please print):		· · · · · · · · · · · · · · · · · · ·
Signature:	Date:	
Position:	Phone:	
Relationship to Applicant: (te	acher, supervisor, etc.)	