



SOUTH HIGH ALUMNI ASSOCIATION
Scholarship Application
2018 – 2019

Submission Deadline: March 1, 2018

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 **half tuition** per academic year, based on in-state residency. A minimum of nine course hours are required each semester. The South High Alumni Association Scholarship may be applied toward tuition and/or student fees only.

The scholarship is effective for Fall 2018 and Spring 2019.

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 you are a graduating high school senior, or a continuing/transfer college student.
4. Be a South High School alumnus or a direct descendent of a South High alumnus.
5. Be a U.S. citizen or legal resident, and a resident of Utah.

This ***completed form (including the essay questions as described on the next page)*** must be returned to the South High Alumni Association with the following additional documents:

1. Attach **at least two** completed recommendation forms or letters from people, **other than family**, with direct knowledge of your abilities, accomplishments, and potential. Make sure each form/letter is signed.
2. Attach an **official transcript** (not a computer print-out) from your high school or college. This must reflect your *most recent* schooling. ***We must have at least one full year's records and something from your 12th grade year or beyond.***

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Mail the completed application, your transcript, and two completed recommendation forms postmarked no later than **March 1, 2018** to:

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

If you have questions, 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 – 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 in a rating system.

Answer ALL of them completely. *Remember, this is our only picture of who you are and why you deserve consideration. On a separate sheet, answer the following questions (print or type).*

1. *What are your education and career goals? How do you hope to 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. *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, 2018

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

Full Name: _____

Mailing Address:

City ST Zip _____

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

6 = Outstanding

4 = Good

2 = Below Average

5 = Excellent

3 = Average

1 = No Knowledge

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

Additional Comments: (We encourage you to tell us about this student. Use an additional sheet if you need more space.)

[illegible]

Name (please print): _____

Signature: _____ Date: _____

Position: _____ Phone: _____

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

School/Organization: _____

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