ASA MEMORIAL SCHOLARSHIP GENERAL INFORMATION

- 1. All applicants, regardless of age, whether entering college for the first time or continuing their college careers, or those expecting to graduate this Spring or those who have received a General Education Degree, are eligible for the scholarship.
- 2. Applicant must provide an original/official copy of high school and post-secondary transcript, if applicable.
- 3. Three (3) letters supporting character, achievements, and the potential for education and career advancement of the applicant. At least one letter must be from a teacher of an academic class and one letter must be from a school official such as a counselor or principal. The third letter may be a personal reference from someone other than a family member; i.e., a minister, coach, employer, or any person with significant knowledge of the applicant. Please mark your letters to identify the requirement you are attempting to meet, such as a "personal letter."
- 4. In essay form, please describe your objective in continuing your education. Relate this to any specific career interests you may have and how you plan to use your education to pursue a career in the human services/social work field. This answer should be at least one page, double-spaced, typed, and attached to your application.
- 5. Funds are to be utilized during the 2015 or 2016 school years. Only accredited universities or colleges may be selected.
- 6. The Scholarship Committee will convene for the purpose of selecting the finalists after reviewing all applications received. The applications will be judged primarily on academic achievements; however, extracurricular school and community activities and achievements will also be considered. Success in core curriculum courses will have a bearing on the weight given to academic achievements. If evaluation results are too close to judge, a high school or college counselor may be selected to judge the applications and possibly to interview the top three or more finalists.
- 7. The scholarship award will be announced in April and recipient will be presented at the May meeting of the Association of Service Agencies, where the applicant is requested to make an appearance and presentation.
- 8. The scholarship funds will be administered by the institution attended by the grantee. Grantee's failure to continue the required course of study will cause the unused portion of funds to revert to the Association for redistribution.
- 9. For applications to be considered, they must be complete. **Deadline** for <u>receipt</u> of same is **4:00** p.m., Friday, March 21, 2015.
- 10. Mail all completed application packets to: Barbara Mitchell, WUW 2-1-1, 545 West Main Street, Ste 313, Dothan, AL 36301
- 11. Call Barbara Mitchell (334-714-8595) if you have questions.

ASSOCIATION OF SERVICE AGENCIES MEMORIAL SCHOLARSHIP FUND APPLICATION FOR SCHOLARSHIP

PLEASE TYPE YOUR APPLICATION

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Social Security No.:					
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Your Date of Birth Date of High School Graduation					
Home Phone ()					
Have you received an ASA Scholarship in the past?	O No O	Yes	Year Awarded		
Name/address of last high school attended:		eted the	ACT/SAT, please pr	ovide scores: itiate your scores/gra	des.)
Please list any school where you have applied for a transcript.	dmission or are	currentl	y enrolled. If enroll		
School Address			Status of Application		
List your work experience beginning with the most recent: Employer From/		Го		Position	
Describe community activities and achievements, initiative. (Examples: volunteer work, church activi				45gH01mm4gH111 TH-111-111	
On a separate page, please describe your objective in co may have and how you plan to use your education to purs at least one page, double-spaced, typed, and attached to	ue a career in the				
"If you are a prior recipient of an ASA Scholarship, please p in pursuit of a career in the human services/social work attached to your application.					
By submitting this application, I authorize the above-nam Agencies) information concerning my academic record ar					
conditions established by the Committee.			100		8 8
conditions established by the Committee. I certify that the information provided in this application information may result in the loss of any funds granted. To	is complete and a			rledge. I understand tha	- 15 - 21 20 - 17 17 - 22 1