



2017 MEMORIAL SCHOLARSHIP

Enclosed, please find copies of the ASA Memorial Scholarship Application and General Instructions. Each year the Association of Service Agencies distributes these packets hoping to find eligible Houston County candidates for this scholarship. This year is no different. We are offering a **\$500 scholarship** to help defray the ever-increasing costs of attending college.

Please notify your students of its availability and encourage them to submit their completed application packet. Remind them to be sure and follow the instructions included on the General Information sheet.

Friday at 4:00 p.m., March 17, 2017, is the deadline for receipt of completed packets from applicants who wish to apply. If any applicant has questions, please call the number listed to receive clarification.

Completed application packets should be mailed or hand-delivered to the address provided on the General Information sheet. Thank you for your assistance.

Yours truly,

Barbara Riley Mitchell
Chairperson
Scholarship Committee



2017 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 2017 or 2018 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 receipt of same is **4:00 p.m., Friday, March 17, 2017**.
10. Mail all completed application packets to: **Barbara Mitchell, WUW 2-1-1, 545 West Main Street, Ste 313, Dothan, AL 36301**
11. If you have questions, please call Barbara Mitchell at (334) 714-8595.

**ASSOCIATION OF SERVICE AGENCIES MEMORIAL SCHOLARSHIP FUND
APPLICATION FOR SCHOLARSHIP**

PLEASE TYPE YOUR APPLICATION

NAME: _____ Email Address _____
 First Middle Last

Social Security No.: _____ How long have you lived at your current address? _____

Current Address _____ City _____ Zip Code _____ Your Cell Number _____

Name of Parent(s)/Guardian(s) _____ or Spouse _____

Address (if different) _____

Your Date of Birth _____ Date of High School Graduation _____ or Receipt of GED _____

Home Phone () _____ What is your major? _____

Have you received an ASA Scholarship in the past? ☐ No ☐ Yes Year Awarded _____

Name/address of last high school attended: _____ H/S GPA at graduation? _____
_____ If you completed the ACT/SAT, please provide scores: _____
_____ (Please provide documentation to substantiate your scores/grades.)

Please list any school where you have applied for admission or are currently enrolled. If enrolled, please provide official transcript.

School	Address	Status of Application
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your work experience beginning with the most recent:

Supervisor/Employer	From/To	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe community activities and achievements, awards or honors that provide evidence of personal motivation and initiative. (Examples: volunteer work, church activity, participation in sports, professional work, family activities, etc.)

On a separate page, please describe your objective in continuing your education beyond high school. 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 in essay form, at least one page, double-spaced, typed, and attached to your application.

*If you are a prior recipient of an ASA Scholarship, please provide updated information regarding your interests and how you have used your education in pursuit of a career in the human services/social work field. This answer should be in essay form, at least one page, double-spaced, typed, and attached to your application.

By submitting this application, I authorize the above-named schools to make available to the Scholarship Committee (of the Association of Service Agencies) information concerning my academic record and rank. It is understood that award of any Scholarship shall be governed by any and all conditions established by the Committee.

I certify that the information provided in this application packet is complete and accurate to the best of my knowledge. I understand that providing false information may result in the loss of any funds granted. Thank you for your application and good luck.

Signature of Applicant: _____

Date: _____