## 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 2016 or 2017 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 18**, **2016**.
- 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 Addres	SS	
First	Middle	Last				
Social Security No.:			How long have you lived at your current address?			
	City Zip CodeCell Number(s) ( ) or Spouse					
					·	
Address (if different)					-i-t-f CED	
Your Date of Birth						
Have you received an ASA Sch	olarship in the past?	O No O	Yes Yea	r Awarded		
Name/address of last high sch	nool attended:		eted the ACT		 ovide scores: tiate your scores/grac	des.)
Please list any school where transcript.	you have applied for a	dmission or are	currently en	rolled. If enrolle	ed, please provide off	icial
School		Address			Status of Applicati	
List your work experience beg Employer	ginning with the most r	recent: From/	Го		Position	
Describe community activities initiative. (Examples: volunte			-		=	
On a separate page, please desc may have and how you plan to us at least one page, double-spaced	e your education to pursu	ie a career in the				
*If you are a prior recipient of an in pursuit of a career in the hum attached to your application.						
By submitting this application, I Agencies) information concerning conditions established by the Cor	g my academic record an			•	•	
I certify that the information pro information may result in the loss					ledge. I understand tha	t providing false
Signature of Applicant: Date:						