

## SMCC FOUNDATION SCHOLARSHIP APPLICATION

## **Deadline for Submission is March 15th**

Please remit this application, along with required information to: Leanne Andrews, Director, SMCC Foundation, 1156 College Drive, Summit, MS 39666 or <a href="mailto:landrews@smcc.edu">landrews@smcc.edu</a>.

ALL required information must be attached to application at the time of submission, details below. Applications will not be accepted after the deadline for submission.

Academic Year for which you ar	e applying:					_		
Last Name	First		Middle		Preferred Name			
Home Mailing Address	City		State	Zip	Count	County		
Email	Phone Number		Last 4	Last 4 SSN		SMCC Student ID #		
Birth Date (mm/dd/yyyy)	Place of E	mployment						
Mother's Name			Employ	/er				
Father's Name			Employ	Employer				
				☐ Genera	l Academic	□ Careei Program	Technical	
ACT Score Planned Major	r			□ ADN Pr	rogram	-	Program	
High School	Ad	ddress			Graduatio	n Date	GPA	
College Attended (if applicable)	Address			Graduation Date GPA				
Are you a member of the Choir or Band?	□ YES	□ NO		If so, which instrum do you play?	nent			
Are you interested in sports?	☐ YES	□ NO	,	. ,				
Are you a player of an athletic program at SMCC?	□ YES	□ NO	If so, w	hich progra	m?			
While at Southwest, where will you live? ☐ Off C			mpus [	] Dorm				
Name of scholarship applying fo	r:							
<ol> <li>In order to qualify for a scholarship from 1. Submit FAFSA application (www. 2. Provide a personal letter of 500 vineed, and any other information 3. Provide a resume detailing education history.</li> <li>Maintain full-time status by enrol scholarships require a 3.0 or high</li> </ol>	fafsa.gov) SM words or more deemed pertir ition history, so ling in and ma	ICC Code 0024 outlining future nent to applicate cholastic award	436 and have e plans and g ion. s, extracurric	information se goals, reason f ular activities,	for applying fo	yment, and	employment	
I certify that all of the information provious application does not guarantee me a substantial and requirements governing the scholar	cholarship awa	ard. If chosen,	I understand	and agree tha	at I must fully	comply with		
Student Signature:				Date:				