

Southern States Sign Council (SSSC) Joint Scholarship Program

Renewal Application

Purpose

Our Scholarship program is designed to provide financial awards to member company 's employees or dependent children of member company 's employees of the Southern States Sign Council (SSSC) region; Florida Sign Association (FSA), Southeast Sign Association (SESA) or Virginia Sign Association (VASA).

Renewal Applications

The application must be mailed along with a current official transcript, letter of recommendation and current official GPA to the SSSC office. All Applications new or renewal must be received no later than June 15 of each year; incomplete or late applications will not be considered. It is the Applicants responsibility not SSSCs to gather and submit all necessary information. You the applicant are evaluated on the information supplied; therefore be sure to answer all questions on the application failure to do so could result in an incomplete application. It is not SSSCs responsibility to notify you if your application is incomplete. SSSC reserves the right to review the conditions and procedures of this scholarship program and make changes at any time including termination of the program.

Eligibility

1. Eligibility is for any member company that has been a member for at least one year and that is an active (attends minimum of one meeting per year) , participating member "in good standing" with SSSC, FSA, SESA or VASA.
2. Scholarship applicants must meet one of the following requirements; a) be employed by an SSSC, FSA, SESA or VASA member firm "in good standing" as described above -or- b) be the dependent child of an employee whose company is an SSSC, FSA, SESA or VASA member
3. The applicant must be a student who plans to enroll or who is already enrolled in an undergraduate or graduate full-time course of study at an accredited two or four year college, university or vocational-technical school.
4. The applicant must have a 2.5 grade point average (where 4.0 is the max) at the time of applying.
5. The renewal applicant must complete all questions on the application and submit a letter of recommendation from someone who is not related to them or by someone who is not affiliated with the member firm that represents them. A current official transcript must also be provided.

Selection of Recipients

Decisions related to the awarding of scholarship funds shall be made by a Third Party and are based on application information, essay submitted, academic record, demonstrated leadership and participation in school and community activities, honors, work experience, industry potential, goals and participation of member company. This application is for new applicants, if you are renewing then please use the renewal application.



Personal Data

First Name _____ Middle _____ Last Name _____
Permanent Address _____
City _____ State _____ Zip Code _____
Email Address _____ Home Phone _____ Cell Phone _____
SSSC/FSA/SESA/VASA Member Firm _____
Name of parent or guardian employed by this firm _____
Social Security Number _____ Date of Birth _____

School Data

College/University/Voc. Tech. School where you plan to attend or are attending

Address _____
Desired Career _____
Expected Major _____
Class Rank _____ GPA on a 4.0 Scale _____
Number of hours enrolled for _____

Certificate and Disclaimer

I (we) indemnify the SSSC/FSA/SESA/VASA and hold it harmless from any loss, damage, claim of damage, or liability of expense arising out of, or resulting from, any aspect of this application or Scholarship Award Program. I (we) agree that I (we) are aware of and understand all rules, conditions, instructions, and provisions regarding all aspects of this Scholarship Award Program. Furthermore, I (we) agree to accept the decision of the SSSC/FSA/SESA/VASA without debate.

I (we) agree that, in accepting this scholarship, I will attend an accredited college, university, or institute and will maintain full-time status for the academic year for which the award is given. I (we) also agree that, if I withdraw or fail to meet attendance requirements for that academic year, I (we) will reimburse SSSC/FSA/SESA/VASA for the total scholarship amount and will deem the recipient ineligible the following academic year.

I (we) certify that the information contained in this application is correct to the best of our knowledge and that the essay was written by the applicant.

Applicants Signature _____

Date _____

Parent of Guardian Signature (if applicant is under age 18) _____

Date _____

All applications and necessary attachments must be received by June 15 of the year applying; no late applications, no exceptions. All submitted forms become the property of SSSC. Intentionally falsifying information will result in disqualification and forfeiture of any award.

Submit Renewal Application and all required attachments to:

SSSC Joint Scholarship
PO Box 2007
Flowery Branch, GA 30542
(770) 967-1614

