

Florida Sign Association & Southeast Sign Association

Your Key to Success

Scholarship Application

Purpose

Our Scholarship program is designed to provide financial awards to employees and family members of employees of Florida Sign Association (FSA) and Southeast Sign Association (SESA) member companies who intend to pursue subjects related to the sign industry.

Applications

The application along with a current official transcript, letter of reference from a teacher or high school official, and an essay must be mailed to the FSA/SESA office and postmarked no later than June 15 of each year. Applicants are responsible for gathering and submitting all necessary information. Applicants are evaluated on the information supplied with the application. We reserve the right to review conditions and procedures of this scholarship program and make changes at any time including termination of the program.

Scholarships

Scholarship awards are for vocational, undergraduate and graduate study. The scholarship award winners will be determined and notified by July 15. The number of awards and amount granted each year may vary depending upon number of qualified applications received.

Eligibility

1. All employees and family members of employees of FSA and SESA member companies are eligible to apply for this scholarship.
2. All applications must be signed by the sponsoring/endorsing FSA or SESA member. Additionally, a letter of recommendation from an individual not related to the applicant, nor employed within the sign industry shall be submitted with the application.
3. The applicant must be either a high school senior or a student currently enrolled as a full time student in an accredited two-year community college, or an accredited four-year college or university; or an individual employed full time by a company that is a member of FSA or SESA.
4. The applicant must have a 2.5 grade point average (where 4.0 is the maximum) at the time of applying.
5. The applicant must submit a 500 word essay (minimum) that indicates reasons applicant should receive a scholarship from FSA or SESA.
6. The Scholarship Award is renewable annually for up to three additional years of continuous study. Applicants who re-apply do not need to re-submit an application, essay or references. However, they will need to submit current Transcripts and goals.

Selection of Recipients

Decisions related to the awarding of scholarship funds shall be made by a Third Party. The decision shall be based upon the following criteria: Academic Achievement, School and Community Service, Participation in the sign industry, and the five hundred word



Applicant Data

Applicant must complete this form with items specified in numbers 5 and 6 of the Eligibility Section and submit it to the FSA/SESA Scholarship:

PO Box 2007 • Flowery Branch, GA 30542

First Name _____ Middle _____ Last Name _____

Permanent Address _____

Name of Parent/Guardian _____

Permanent Address (if different) _____

FSA or SESA Member Firm _____

School Data

High School _____ Graduation Date _____

School Address _____

GPA on a 4.0 scale _____ (OR) College currently attending _____

City and State _____

Applicant will:

Live on campus live off campus commute

Enrolled:

Six hours or less Seven to twelve hours Thirteen or more hours

Anticipated graduations date from post-secondary program _____

Major field of study applicant plans to pursue _____

School — Activities and Special Recognition

List chronologically, beginning with freshman year, all activities in high school and college, such as publications, club work, student government, athletics, honor societies, etc. Attach additional pages if necessary.

Academic Year

Activity

Offices held, Awards, Recognitions:

Academic Year

Activity

Community—Activities and Special Recognition

List chronologically, beginning with your freshman year, activities outside of school in which you were involved; such as clubs (4H, Scouts, Church, etc.), volunteer work (Red Cross, camp counselor, etc), special interest groups (model railroad club, art association, etc). Attach additional pages if necessary.

Academic Year

Activity

Number of hours/Years

Employment Information

Starting with freshman year, list all summer, part time and/or full time jobs. Attach additional pages if necessary.

<i>Date of Employment</i>	<i>Employer</i>	<i>Type of Work</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Certification

This section is to be completed by high school seniors or first year college students

You may be assured that all information given on this form will be held in strict confidence and will be used ONLY by the Florida Sign Association and Southeast Sign Association evaluation committee for the purpose of making a scholarship selection. Please type legibly and write the information requested.

Applicants Name _____ Address _____
High School _____ HS Telephone _____

Applicant Appraisal

Explain any outstanding scholastic ability or aptitude the applicant might possess _____

List any outstanding traits and talents of the applicant _____

Is student work-study experience available as a part of the school program? Yes No

If so, was or is the applicant involved in a work-study experience related to his/her course of study or a school activity? Yes No Please explain _____

TO: School Officials

What curriculum did the applicant follow? Regular/General College Preparatory Skill-Career

Please Provide answers to the following statements by circling your response (**1-poor, 2-fair, 3-good, 4-excellent**)

- | | | | | |
|---|---|---|---|--|
| 1 | 2 | 3 | 4 | The applicants choice of post secondary education |
| 1 | 2 | 3 | 4 | The applicant reflects his/her ability |
| 1 | 2 | 3 | 4 | The applicants choice of post secondary education |
| 1 | 2 | 3 | 4 | The quality of the applicants commitment to school and community |
| 1 | 2 | 3 | 4 | The applicant is able to seek, find and use learning resources |
| 1 | 2 | 3 | 4 | The applicant demonstrates good problem-solving skills and completes tasks |
| 1 | 2 | 3 | 4 | The applicants respect for self and others |

Appraisers Comments _____

Appraisers Signature/Date _____ Title _____

Address _____

Transcript Information

High School seniors must include a certified transcript of grades and have the following section completed by the appropriate school official

Applicant ranks _____ In Class of _____ Cumulative GPA _____

School Officials Signature _____ Date _____

Essay

On a separate sheet, complete the following statement in 500 words or more (or less); Receiving this scholarship will help me to

Attach completed essay to the application

Certificate and Disclaimer

I (we) indemnify the Florida Sign Association and Southeast Sign Association 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 FSA/SESA 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 the Florida Sign Association and Southeast Sign Association for the total scholarship amount.

I (we) certify that the information contained in this application is correct to the best of our knowledge.

Applicants Signature

Date Signed



The logo for the Southeast Sign Association (SESA) features the letters 'SESA' in a large, black, serif font.

Southeast Sign Association

Submit Application and all attachments to:

FSA/SESA Scholarship
PO Box 2007
Flowery Branch, GA 30542
(770) 967-1614