

Name of Scholarship applying for: \_\_\_\_\_

Full Name: \_\_\_\_\_ ID# \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your program of study? \_\_\_\_\_

Check One:    TCC            Diploma            Degree

Quarter hours completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Are you currently enrolled at STC?    \_\_\_\_\_ yes            \_\_\_\_\_ no

What classes are you currently taking? \_\_\_\_\_

What other forms of financial aid do you currently receive? \_\_\_\_\_

Please attach the following:

- 1) One recommendation by an instructor
- 2) One recommendation by an outside source (non-family member)
- 3) A 1-page narrative to include:
  - a) *Why you should receive this scholarship*
  - b) *Your educational goals*
  - c) *Your financial needs*
  - d) *Community or other types of service activities involvement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read and agree to the guidelines set forth for the Faculty and Staff Scholarship Fund.*

For questions, contact the Student Success Center

**Please return this form to: the Student Success Center at the Savannah Campus, 5717 White Bluff Road, Savannah, GA 31405.**

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For office use only. Do not write below line.

Date of receipt in Student Services Office: \_\_\_\_\_

Received by: \_\_\_\_\_ Signature \_\_\_\_\_