

ECHS Educator Memorial Scholarship

An award given in memory of ECHS educators who dedicated their lives to our students

Application Guidelines:

The recipient of the scholarship must meet the following requirements:

- Be a senior at Effingham County High School
- Have a minimum 3.0 GPA and fulfill all preliminary HOPE requirements
- Have been accepted to college and plan to pursue a degree in education at any level.
- Demonstrate a commitment to community through service
- **Complete an application** and **submit three letters of recommendation** – two from administrators and/or teachers, and one from a member of the community.

This scholarship **may be used at a 2-year college OR a 4-year college**

Please complete the online application, print it out, and turn it in to Mrs. Mimi Hayes along with these documents:

- 1) A high school transcript
- 2) Two letters of recommendation from school officials or teachers.
- 3) One letter of recommendation from a community member, peer (high school friend), or pastor.
- 4) Financial documents required on the application.

Amount: \$500

Turn in to the Counselors' Office by **May 16.**

ECHS Educator Memorial Scholarship Application

I. Personal Data:

Name: _____
Last First Middle

Date of Birth: __ / __ / __ Age: _____ Sex: _____

Social Security Number: _____ - _____ Phone Number: __ - _____

Address: _____
Street or PO Box City Zip Code

II. Family Data:

Father Step-father Guardian (Check One)

Name: _____

Address: _____

Occupation: _____

Employer: _____

Mother Step-mother Guardian (Check One)

Name: _____

Address: _____

Occupation: _____

Employer: _____

ANNUAL GROSS FAMILY INCOME BEFORE DEDUCTIONS (Check one):

- Under \$33,000
- \$34-50,000
- \$50-70,000
- \$70 -85,000
- Above \$85,000

ALL INCOME IN THE HOME OF THE APPLICANT MUST BE REPORTED BY ATTACHING IN A SEALED ENVELOPE, THE LAST PAGE OF THE INCOME TAX FORM (S) SHOWING TOTAL HOUSEHOLD INCOME. This FORM MUST BE INCLUDED FOR THE COMMITTEE TO PROCESS YOUR SCHOLARSHIP APPLICATION.

<u>Brothers' Names</u>		<u>Sisters' Names</u>	
_____	Age: _____	_____	Age: _
_____	Age: _____	_____	Age: _
_____	Age: _____	_____	Age: _
_____	Age: _____	_____	Age: _
_____	Age: _____	_____	Age: _
_____	Age: _____	_____	Age: _

Persons other than those already named who also reside in your home:

Is another member of your family attending college, technical school, nursing school or other post-high school training program? Yes No

If yes, please explain.

Within the last five (5) years, have there been any unusual circumstances in your family that have created extreme financial difficulty such as an extended illness, accidents, physical disability, parental loss of job due to layoffs or disability, etc.? Yes No

If yes, please explain.

III. Education/Career Goals

Where will you attend college?

Have you applied to this college? Yes No

Have you been accepted to this college? If yes, attach a copy of your acceptance letter (or proof of paid deposit). Yes No

Please use the box below to provide additional information.

Give a brief statement of your major course of study in college and your career plans upon graduation from college.

What are the reasons that influenced you to choose this course of study?

IV. Activities

In what community activities or projects have you recently taken part? What was your role in each one?

In what school activities or projects have you recently taken part? What was your role in each?

In what religious activities have you recently taken part? What was your role in each?

V. Financial Assistance

Have you filed the Free Application for Federal Student Aid (FAFSA)? Yes No