



## Scholarship Application

**Purpose and History:** Established in 2012, the Signal Mountain Social Services Scholarship Fund provides financial need based, post-secondary scholarships for Signal Mountain traditional and nontraditional students living in Hamilton County. The scholarship can be used at any regionally accredited, non-proprietary, technical, community or four-year college or university.

### Eligibility Requirements

**Residency Requirement:** Resident of Signal Mountain, Hamilton County, Tennessee

**Education Requirement:** Graduating high school senior, current student at a qualifying postsecondary institution or newly accepted student at a qualifying postsecondary institution.

**GPA Minimum:** 2.0

**Enrollment Requirement:** Accepted to a regionally accredited, technical, community or four-year college or university for the upcoming academic semester.

**Must Have Demonstrated Financial Need**

**Submit Completed Application with Required Documentation by the Deadline**

**Scholarship Finalists will be Invited to Interview with the Scholarship Committee**

### Scholarship Amount

Award amount varies based on a student's demonstrated financial need and funding availability. Scholarships are paid directly to the recipient's school. This is a renewable scholarship based on continued financial need, funding availability, academic progress towards graduation, the completion of a scholarship renewal application and the satisfactory completion of scholarship agreement terms.

### Application Deadline

For scholarship awards beginning fall semester apply by **APRIL 1**

For scholarship awards beginning January, apply by **OCTOBER 1**

*Give yourself plenty of time to thoughtfully complete your application, make arrangements for letters of recommendation to be submitted, complete your FAFSA and gather required documentation. Incomplete applications will not be considered.*

## Signal Mountain Social Services Scholarship Application

**Directions:** To apply for a scholarship award, answer each question on the application, apply for financial aid through the Free Application for Federal Student Aid (FAFSA) and provide all of the required documentation listed on this application. Complete your FAFSA at <https://studentaid.ed.gov/sa/fafsa> . There is no cost to complete the FAFSA or to apply for a SMSS scholarship.

If you have questions about this application, need help completing it or help completing your FAFSA, please contact us at [smsocialservices@comcast.net](mailto:smsocialservices@comcast.net) 423-886-5982.

Be sure to include as much information as possible in your responses to each question. Your financial need and the information you provide on this application have a large impact on the scholarship award decision. If you need additional room for your responses, you may attach additional pages to your application.

### **Submitting Your Application:**

You may mail your application or deliver it in person to Signal Mountain Social Services. Applications received after the deadline will not be considered.

#### **Mail**

Signal Mountain Social Services  
PO Box 294  
Signal Mountain, TN 37377

#### **Submit in person, 10AM – Noon, Monday- Friday**

Signal Mountain Social Services  
633 Mississippi Ave.  
Signal Mountain, TN 37377

***APPLICATION CHECKLIST: The following documentation must be included with your application. Incomplete applications will not be considered.***

• **Student Aid Report (SAR)** from your current completed FAFSA. Please print and include the entire report. SARs from a prior period will not be accepted.

• **Most recent official high school or official college transcript.** If you are returning to school 5 or more years after being in a school setting, this is not required with your application but may be requested by the scholarship committee.

• **Expected Family Contribution (EFC)** must appear on your SAR. If your FAFSA application is incomplete, your SAR will not include an EFC and your application will not be considered.

• **Complete the cost of attendance section on this application.**

• **Two letters of recommendation** must be received directly from a non-relative who knows your work ethic, character and/or academic ability. Teachers, work or volunteer supervisors, mentors, etc. should mail their letter to SMSS PO Box 294 Signal Mountain, TN 37377 by the deadline.

• **Identify income, family contributions, grants, student loans and scholarships you plan to receive this year on your application.**

• **Proof of college acceptance or current student enrollment.** A copy of your letter of college acceptance or program acceptance will satisfy this requirement.

• **Answer all questions on the application and turn in your application packet with supporting documentation by the deadline.**

**Name of Scholarship Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address:**  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Home Address :**  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name of parent(s) or legal guardian(s)** \_\_\_\_\_

**Address of parent(s), custodial parent or guardian**  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

1. If you are currently enrolled in an academic institution, please list the name of the school and the city and state where you attend. If you are not currently enrolled in an academic institution, write "Not Currently Attending" \_\_\_\_\_
2. What college, university, community college, vocational, or licensing program will you be attending during this scholarship period? \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_
3. Will you be a full-time student?      YES      NO
4. Will you be attending as a    FRESHMAN      SOPHOMORE      JUNIOR      SENIOR      N/A
5. Will you live at your current home residence and be a commuting student?      YES      NO
6. Where will you live while you are attending:    ON CAMPUS    OFF CAMPUS APARTMENT      OTHER
7. Please provide the mailing address of where scholarship funds should be sent.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| 8. List the name of any college or vocational program you have attended. | Year Began | Year Ended | Year Graduated | Type of Degree or Certificate Received |
|--|------------|------------|----------------|--|
|  |            |            |                |  |
|  |            |            |                |  |
|  |            |            |                |  |

9. What program or major do you plan to study or are you currently studying?
10. What led you to choose this course of study?

11. What is your anticipated graduation date or program completion date?

12. What do you think will be the most challenging part of completing this course of study? How will you navigate this challenge and what resources have you identified to help you?

13. Please explain your need for the Signal Mountain Social Services Scholarship.

14. Please list activities, volunteer work, community organizations or civic groups you have regularly participated in over the last 12 months. Please share your role in each activity you list, along with the approximate number of hours you spent for each activity over the last 12 months.

15. What is something you are proud to have accomplished within the last 12 months?

16. List all employment from the last 5 years

| Employer | Position | Dates of Employment | Hours worked per week | Pay |
|----------|----------|---------------------|-----------------------|-----|
|          |          |                     |                       |     |
|          |          |                     |                       |     |
|          |          |                     |                       |     |

17. Do you plan to work while you are in school? YES NO

Where will you work? \_\_\_\_\_

How many hours will you work a week? \_\_\_\_\_

How much do you plan to earn a week? \_\_\_\_\_

What expenses will you pay with the income you earn? \_\_\_\_\_

18. Please use the grid below to show the cost of attending the college/university/vocational or licensing program for two semesters. This includes all living and program expenses. Include any additional expenses not listed on the blank lines.

| <b>Expenses for Two Semesters</b>   | <b>Estimated Cost</b> |
|---|-----------------------|
| Tuition – total for two semesters   |                       |
| Housing (rent for apartment or dorm, utilities)                           |                       |
| Food (meal plan, groceries, snacks)                                       |                       |
| Books   |                       |
| Lab Fees  |                       |
| Transportation (gas, bus fare, traveling home)                            |                       |
| Car Insurance   |                       |
| Car Payment   |                       |
| Entertainment (Campus activities, movies, sorority/fraternity dues, etc.) |                       |
| Pre-professional club/organization fees                                   |                       |
| Parking Fees  |                       |
| Misc. School Fees (please explain)  |                       |
|   |                       |
|   |                       |
| <b>TOTAL</b>  |                       |

19. Please use this grid to list all financial assistance you will receive and any income.

| <b>Income and Financial Assistance</b> | <b>Amount</b> |
|--|---------------|
| Student's Income                       |               |
| Scholarships (please explain)          |               |
| Pell Grant                             |               |
| Hope Scholarship                       |               |
| Student Loans                          |               |
| Family Contribution                    |               |
| Student Savings                        |               |
| Other (please explain)                 |               |
| <b>TOTAL</b>                           |               |

**Statement of Accuracy and Cooperation**

I hereby affirm that all the information provided by me for consideration of a Signal Mountain Social Services Scholarship is true, correct and without forgery. I understand if I am selected as a scholarship finalist, I will have a short interview with the scholarship committee.

I understand if I am awarded a SMSS scholarship, I agree to volunteer 3-hours per semester for each semester in the scholarship period, for a total of 6 hours. Volunteer hours may be completed through SMSS or for a nonprofit, community organization I am currently involved with as a volunteer. If awarded a scholarship, I will provide my grades to SMSS as outlined in my scholarship award agreement. I consent that my photo may be taken and used for any purpose by SMSS to promote the SMSS scholarship program.

I understand this scholarship is a grant and does not need to be repaid.

Signature of Scholarship Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_