



Dear Applicant,

Thank you for your interest in the academic scholarship awarded by Savannah State University Alumni Association Central Florida Chapter.

Attached, please find a scholarship application that should be completed and postmarked by **May 1, 2017**.

We are dedicated to accomplishing the mission of the Savannah State University National Alumni Association as it promotes the welfare of Savannah State University and to assist in advancing the mission and goals of the university's administration.

Locally, we are dedicated to raising money to support scholarships for prospective students of Savannah State University to meet their educational goals. We are also dedicated to serving our local communities through volunteering and helping those in need. As such, we are pleased to invite high school seniors, who are in good academic and social standing within the Orange, Seminole, Brevard and Volusia Counties, to apply for a scholarship. The scholarship will be disbursed during the 2017-2018 academic year.

In order to be eligible for this award, please note the following requirements:

- Completion of the attached application.
- Completion of a 350 word essay describing your reasons for applying for this scholarship and how it will assist your educational goals. Times New Roman, 12 font, single space.
- Submission of one letter of recommendation from your principal, a teacher or counselor.
- Submission of one letter of recommendation from your spiritual leader/minister or community service coordinator.
- Submission of an official transcript.
- Submission of standardized test scores (SAT or ACT).
- District GPA of 2.5 or higher.
- Submission of proof of 100 hours of community service from a non-profit organization.

The completed application packet should be mailed to: SSUNAA Central Florida Chapter, P. O. Box 616866, Orlando, FL 32861-6866.

Following submission of these documents, the application process will continue with a formal review of the completed application package.

Thank you for your interest, and good luck!

Sincerely,

L. Michelle Woods-Starkes
President

STUDENT INFORMATION (Please TYPE or PRINT LEGIBLY)

Name _____ Date of Birth _____
Last First Middle

Home Address _____
Street City Zip Code

Telephone (____) _____ Anticipated Date of Graduation _____

Grade Point Average _____ Class Rank _____ SAT Score _____ ACT Score _____

High School _____ Address _____

University or College You Plan to Attend _____

Plan of Study: Major _____ Minor _____

FAMILY INFORMATION

Father _____ Mother _____

Number of Brothers/Sisters living at home: _____ Ages _____

Financial Assistance: What assistance is available to you at this time? Please list loans, scholarships, grants, etc.)

Financial Assistance	Amount
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL CRITERIA

Leadership Positions _____

Community Service Activities _____

Other Activities _____
