



Educational Grant Application

Contents: APPLICATION To be completed by applicant. **(ALL INFORMATION MUST BE TYPED EXCEPT SIGNATURES OR AS INDICATED)**

Parent's Information Form: To be completed by parent(s) or guardian(s) and notarized.

School's Information Form: To be completed by school officials and emailed by counselor.

Confidential Reference Forms (2): To be completed by a teacher and the School Counselor and emailed by person completing the form.

Instructions:

1. Complete the applicant form and request completion of other forms by appropriate individuals.
2. **Ensure that Parent(s) Information Form is notarized** before submitting.
3. Return all information including the current year's **Income Tax Return (IRS Form 1040)** of parent(s)/guardian(s) or individual responsible for your support and a **wallet size (bust) photo**. The application packet should be emailed to the National Scholarship Chairperson at mbsutton@shsaainc.org on or before **MONDAY, MAY 11, 2026**.
4. **Request that your official high school or college transcript be emailed directly to the Scholarship Chair from the school you are currently attending and from any high school, technical / community college, or university you have attended, if applicable.**
5. Direct all questions regarding the application process to the National Scholarship Chair by phone, text or email. **(See page 9)**
6. **All information must be typed as indicated. Applications that are not typed are incomplete and will not be considered. Print and retain a copy of application for your records.**
7. **You will be contacted by the SHSAA Scholarship Chair to schedule your Interview.**
8. **Retain the FYI attachments for your records. Do not submit with your application.**

All applicants are obligated to update the Scholarship Chairperson in writing with any pertinent information regarding other scholarships received prior to the interview. **Additionally**, the Association reserves the right to terminate the SHSAA Scholarship, if it is determined that any part of the application has been falsified. **Moreover**, if during the interview process an applicant knowingly makes any misrepresentations to the Scholarship Committee, the applicant will be disqualified.

Thank you for your interest in the SHSAA, Inc. Educational Grants Application Process.



Educational Grant Application

Application MUST be Postmarked on or before MONDAY May 11, 2026. PLEASE TYPE ALL INFORMATION.

PART I. TO BE COMPLETED BY APPLICANT

PLEASE TYPE ALL INFORMATION

Name: _____ Date of Birth: ____/____/____
(First) (Middle) (Last) Mo Day Yr

Address _____ City _____ State _____ Zip Code _____
(Number and Street)

Cell Phone: _____ Email Address _____

College Preference: _____

Estimated Cost Per Year \$ _____

Anticipated Major _____

Have you taken any advanced placement courses? **Select one:** Yes ___ No ___

Have you earned any college credits? **Select one:** Yes ___ No ___

If yes, how many credits did you earn and where? _____

Do you have access to a savings account, trust fund or legacies, real estate, or investments?
Select one: Yes ___ No ___

If there are any restrictions regarding the use of these assets for college expenses, please explain:

Would you accept student employment for the first year? **Select one:** Yes ___ No ___

Are you applying for an award, scholarship, or loan for the coming year from a source other than SHSAA, Inc? **Select one:** Yes ___ No ___

If yes, list the source, the amount involved, and the notification date of this award:

List by year all the high school activities in which you have participated, offices held, honors and recognition received.

Essay

Write a one-page opinion on one of the following topics: **The Effectiveness of Online Learning Compared to Traditional Classroom Education, The Influence of Social Media on Students' Academic Performance and The Benefits of Teaching Technology in the Classroom. Support your opinion with statistics and examples. (SUBMIT WITH THE COMPLETED APPLICATION)**

Type your response on an additional page

Applicant's Signature: _____

Date: _____ / _____ / _____
Mo Day Yr



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PART II. TO BE COMPLETED BY APPLICANT'S PARENTS

Applicant's Name _____ Date of Birth: ____/____/____
(Last) (First) (Middle) Mo. Day Year

Mother's Name _____ Occupation: _____

Name and Address of Mother's Employer: _____

Father's Name _____ Occupation: _____

Name and Address of Father's Employer: _____

In which local SHSAA, Inc. Chapter do you hold membership? _____

If parents are members of separate Chapters, please indicate: _____

How long have they been a member? Mother: _____ Father: _____

How many persons reside at your address _____

Mother's Gross Income: \$ _____

Father's Gross Income: \$ _____

**Total Income from other Occupants or sources contributing to the household \$ _____
(i. e. grandmother/father; aunts, uncles, cousins, significant other)**

Do you have any children who are currently enrolled at Institutions of Higher Learning or who have already received degrees? If so, how many? _____

Are there any special comments that you would like to add, which might help the Committee determine consideration for this educational grant? ____Y____N (If yes, please use additional page and attach statement.)

NOTE: Your signature on this document certifies that the data you have supplied is accurate to the best of your knowledge. Falsification on any information provided on this page will result in disqualification.

Mother's Signature Date

Father's Signature Date

THIS PAGE MUST BE NOTARIZED

SWORN before me this ____ Day of ____/____

Signature of Notary Public for State of _____

My Commission Expires: ____/____/____



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PART III. TO BE COMPLETED BY GUIDANCE COUNSELOR

*** This page should be submitted to your Guidance Counselor. Please request that the form be completed and emailed to the SHSAA, Inc. Scholarship Chairperson. Please provide the email address to the Counselor.

Applicant's Name: -

High School Attended:

School Citizenship Record:

School Attendance Record:

Current "Cummulative" Grade Point Average (GPA)

Highest Possible GPA that can be attained at the school:

SAT Score: _____

ACT Score: _____

Honor Society: _____

Name of person completing this form:

_____ (typed) _____ (Signature)

Position: _____ **Phone #** _____

Date: _____ / _____ / _____



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PART IV. TO BE COMPLETED BY GUIDANCE COUNSELOR

*** This page should be submitted to your School Counselor. Please request that it be completed and emailed to the SHSAA, Inc. Scholarship Chairperson. Please provide the email address.

Reference: The student whose name appears below is applying for the SHSAA, Inc. Educational Grant. Your candid estimate of his or her academic performance, intellectual promise, and qualities as a person will assist the Committee in making its final selections.

Applicant's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address) (City) (State) (Zip Code)

Admitted to College/University _____

- Give a brief statement on the applicant's character and how you feel he/she would function in an academic setting. **(Please type all information)**

Counselor's Name _____

Signature _____ Date _____

School _____



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PART V. TO BE COMPLETED BY A SELECTED TEACHER

*** This page should be submitted to the selected Teacher. Completed Form should be emailed to the Scholarship Chairperson. Applicant should provide email address listed on page 9.

Reference: The student whose name appears below is applying for the SHSAA, Inc. Educational Grant. Your candid estimate of his or her academic performance, intellectual promise, and qualities as a person will assist the Committee in making its final selections.

Applicant's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address) (City) (State) (Zip Code)

College/University Admitted: _____

1. Type a brief statement about this applicant's character and how you feel he/she would function in an academic setting.

2. Please rate (**place an x in the appropriate box**) the student as realistically as you can in comparison with your college preparatory students:

	Average	Below Average	Good	Excellent	Outstanding	No Basis For Judgment
Ability						
Motivation						
Self-discipline						

3. Please provide comments on this student's character and academic promise. **(Please type your response)**

Teacher's Name _____ **Date:** _____

Signature: _____

Position _____



Application Check List

Application MUST be returned on or before MONDAY May 11, 2026

- **COMPLETED ORIGINAL APPLICATION (Typewritten Only)** Electronic copy of the application is available from your Guidance Counselor, the Sampson High School Alumni Association website at shsaainc.org or from the Scholarship Committee Chair at mbsutton@shsaainc.org.
- **Completed Application must be returned by emailed on or before Monday, May 11, 2026.**
- Two References (Teacher, Guidance Counselor)
- 1 Wallet-Sized Photo (Bust)jpeg.
- Parent(s) Form Notarized
- All W-2 Forms – 1040 (*readable* copies)
- High School Transcript (official); if enrolled in college, verification of enrollment (official College transcript)
- Required Signatures

Note: Falsification of any or part of this document will result in disqualification!

SHSAA, Inc. SCHOLARSHIP COMMITTEE

Mrs. Mary Bennett Sutton, Chair
Fayetteville Chapter
Email - mbsutton@shsaainc.org
Phone - (910) 987-5744

Clinton Chapter Representatives

*Lenzie Grice – (910) 596-2026
*Vada Williams
*Helen Faison

Fayetteville Chapter Representatives

*Wilma Sampson
*Rena Moore

Triangle Chapter Representatives

*Bettie Strickland – (908) 783-3885

WMAC Chapter Representatives

*Larry Elmore – (401) 241-5902
*Dr. Angela Davis-McCoy
*Ronnie Elmore
*Stephanie Faison