

# Merit-Based Scholarship



## Purpose

The SSSA scholarship program is designed to provide financial awards to Southern States Sign Association (SSSA) member company employees or dependent children of member company employees. **This particular scholarship will be awarded to applicants who demonstrate exceptional grades through his/her high school and/or college.**

## Eligibility & Application Requirements

1. Eligibility is for any member company in good standing for at least one year. You must be an active (attend a minimum of one meeting per year) participating member “in good standing” with SSSA.
2. Scholarship applicants must meet one of the following requirements: a) be employed by an SSSA member firm “in good standing” as described above or b) be the dependent child of an employee whose company is an SSSA member.
3. The applicant must be a student who plans to enroll or who is already enrolled in an undergraduate or graduate full-time course of study at an accredited two or four-year college, university or vocational technical school.
4. The applicant must have a 2.5 grade point average (where 4.0 is the max) at the time of applying.
5. All applicants must submit a 500-word essay (minimum) on one of the following four topics:
  - What do you plan to do with your college degree?
  - Describe a significant interest or experience that has had special meaning to you.
  - Describe your college experience and how this experience has impacted your life.
  - How would your friends characterize you? Look at yourself from the outside.
6. The application must be mailed along with a current official transcript and Essay to the SSSA office no later than May 10, 2021.
7. It is the Applicant’s responsibility to gather and submit all necessary information. Incomplete or late applications will not be considered. It is not SSSA’s responsibility to notify you if your application is incomplete. SSSA reserves the right to review the conditions and procedures of this scholarship program and make changes at any time, including termination of the program.

## Selection of Recipients

Decisions related to the awarding of scholarship funds will be made by a Third Party and are based on application information, essay submitted, academic record, honors, industry potential, goals and participation of the SSSA member company.

Please complete the information below in legible print (or typed).

## Personal Data

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
SSSA Member Firm \_\_\_\_\_  
Name of parent or guardian employed by this firm \_\_\_\_\_

## High School Certification

Name of High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
High School Phone Number \_\_\_\_\_ High School Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## School Data

College/University/Voc. Tech. School where you plan to attend or are attending: \_\_\_\_\_  
Address \_\_\_\_\_  
Desired Career \_\_\_\_\_ Expected Major \_\_\_\_\_  
Class Rank \_\_\_\_\_ GPA on a 4.0 Scale \_\_\_\_\_ Number of hours enrolled \_\_\_\_\_

## School – Activities and Special Recognition

List chronologically all activities in high school and college, such as publications, club work, student government, athletics, honor societies, etc. Attach additional pages if necessary.

*Academic Year*

*Activity*

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## **Offices held, Awards, Recognitions** (Attach additional pages if necessary).

*Academic Year*

*Activity*

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## **Certificate and Disclaimer**

I (we) indemnify the SSSA and hold it harmless from any loss, damage, claim of damage, or liability of expense arising out of, or resulting from, any aspect of this application or Scholarship Award Program. I (we) agree that I (we) are aware of and understand all rules, conditions, instructions, and provisions regarding all aspects of this Scholarship Award Program. Furthermore, I (we) agree to accept the decision of the SSSA without debate.

I (we) agree that, in accepting this scholarship, I will attend an accredited college, university, or institute and will maintain full-time status for the academic year for which the award is given. I (we) also agree that, if I withdraw or fail to meet attendance requirements for that academic year, I (we) will reimburse SSSA for the total scholarship amount and will deem the recipient ineligible the following academic year.

I (we) certify that the information contained in this application is correct to the best of our knowledge and that the essay was written by the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if applicant is under 18)

\_\_\_\_\_  
Date

**All applications and necessary documents must be received by May 10, 2021. No late applications, no exceptions.**

All submitted forms become the property of SSSA. Intentionally falsifying information will result in disqualification and forfeiture of reward.

**Please submit Application and all required documentation to:**

**SSSA Scholarship**

**325 John Knox Road, Suite L-103**

**Tallahassee, FL 32303**

**Applications may be emailed to [christina@southernstatessigns.org](mailto:christina@southernstatessigns.org)**

