



COMMUNITY SERVICE AND VOLUNTEER 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 a recent history of excellence through community service and volunteerism.**

ELIGIBILITY & APPLICATION REQUIREMENTS

- Eligibility is for any member company in good standing for at least one year. You must be an active participating member “in good standing” with SSSA.
- 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.
- 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.
- The applicant must be currently active (past 3 months) in community activities without pay. Volunteerism will be measured by service during the past four years, which should be listed on application. Additional details of service should be shared in the Essay. The Essay should outline all community service and describe the amount of time and effort given to such activities, with inclusion of commitment to the cause or program. Essay should not exceed two pages, double-spaced.
- **The application must be mailed along with a current official transcript and Essay to the SSSA office no later than May 1, 2024.**
- 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, participation in community activities, and goals and participation of the SSSA member company.

PLEASE COMPLETE THE INFORMATION BELOW IN LEGIBLE PRINT OR TYPE

PERSONAL DATA

Full Name _____

Mailing Address _____

City/State/Zip _____

Phone _____ Email _____

SSSA Member Firm _____

Name of parent/guardian employed by this firm _____

HIGH SCHOOL CERTIFICATION

Name of High School _____

Address _____

City/State/Zip _____

Phone _____ Graduation Date _____

SCHOOL DATA

College/University/Vocational Technical School where you plan to attend or are attending

Address _____

City/State/Zip _____

Phone _____

Expected Major _____ Desired Career _____

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

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

Academic Year

Activity

COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES

List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate dates of service for each activity and approximate number of hours involved. (Attach additional pages if necessary).

Activity	From – Mo/Yr	To – Mo/Yr	Hours

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 1, 2024. 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 cwerty@executiveoffice.org

***If you email your application, an acknowledgment will be made within 24-48 business hours. If you do not hear that we are in receipt of your application, please send again to ensure receipt.**