SAVANNAH STATE UNIVERSITY
GENERAL SCHOLARSHIP APPLICATION
ACADEMIC YEAR AUGUST 2014 – MAY 2015

****APPLICATION WILL NOT BE CONSIDERED IF INCOMPLETE or LATE – ALL APPICABLE DOCUMENTATION REQUIRED****

INSTRUCTIONS: (Please **TYPE** or **PRINT**)
Fill out the application completely and return to:

SAVANNAH STATE UNIVERSITY
SCHOLARSHIP COMMITTEE
3219 COLLEGE STREET
BOX 20523
SAVANNAH, GA 31404
(912) 358-4162

APPLICATION DEADLINE - MARCH 1, 2014

GA Resident: ( ) Yes ( ) No

PERSONAL INFORMATION
SSU ID# or last 4 digits of SSN:_____

Name:_____
(Last) (First) (MI)

Phone#:(___)_____ Email Address:_____

Permanent Address:_____
(Street)

_____
(City) (State) (Zip)

County: _____

ACADEMIC INFORMATION

Classification for UPCOMING academic year 2014-2015:
( ) Entering Freshman ( ) Returning Freshman ( ) Sophomore ( ) Junior ( ) Senior
(1-29 earned hrs) **(30-59 earned hrs)** **(60-89 earned hrs)** **(90+ earned hrs)**

( ) Transfer ( ) Graduate

MAJOR will be _____

UNDERGRADUATES ONLY

If you are an entering Freshman complete A below.
If you have prior college experience complete B below & submit transcripts.

(Entering freshmen and transfers provide official high school transcript & official test scores.)

A. High School Cumulative GPA:_____ SAT:_____ or ACT:_____
B. Undergraduate Cumulative GPA:_____ SAT:_____ or ACT:_____

GRADUATES ONLY

Cumulative GPA:_____
GRE score:_____ or GMAT score:_____

AUTOBIOGRAPHICAL SKETCH

On a separate sheet of paper, please provide a personal statement highlighting any exceptional skills, talents and/or abilities that you will bring to the university. Also include your future plans and a list your community service, extracurricular activities, awards, honors, leadership experience or any other significant commitments such as employment and/or hobbies.

Please provide **two (2)** separate letters of recommendation from a teacher, employer, or an adult (non-relative) who knows you well. Provide a copy of the recommendation form to each person writing a letter. **Letters must be received by the application deadline.**

STUDENT SIGNATURE

I, ***(print name)*** _____ hereby give permission to Savannah State University to share this information for the purpose of review and public relations. If necessary, I also authorize the release of all transcripts and test scores to Savannah State University. If it is determined that I have offered erroneous information, I may be required to repay all scholarships awarded based on this information or forfeit any remaining scholarship funds.

_____ _____

Signature Date

Scholarship Committee Use Only

SAVANNAH STATE UNIVERSITY

GENERAL SCHOLARSHIP APPLICATION

ACADEMIC YEAR 2014-2015

Complete this section and provide this page to the person providing the recommendation.
SSU ID# or last 4 digits of SSN:_____

Name:_____
(Last) (First) (MI)

RECOMMENDATION
A letter of recommendation from a teacher, employer, or adult (non-relative) who knows you well must be provided by the deadline for consideration.

( ) I highly recommend this student.
( ) I recommend this student.
( ) I am unable to recommend or not recommend this student.
( ) I recommend, with reservation, this student.
( ) I do not recommend this student.

Institution:_____

Name (please print):_____ Title:_____

Signature:_____ Date:_____

Telephone Number:( )_____

Mail or fax to:
SAVANNAH STATE UNIVERSITY
SCHOLARSHIP COMMITTEE
3219 COLLEGE STREET
BOX 20523
SAVANNAH, GA 31404
(912) 358-4162
(912) 358-3167 fax

DEADLINE - MARCH 1, 2014