**SHELBY COUNTY METRO LODGE # 35**

**DAVE SMITH/ GLENN SNYDER**

 **MEMORIAL SCHOLARSHIP**

**Criteria for Scholarship Application**

Shelby County Metro Lodge # 35 will award scholarships in the amount of seven hundred and fifty dollars ($750.00) per calendar year. The calendar year will run from January 1, to December 31.

**Member, applicant must be in good standing and have been a member for at least one (1) year prior to the application.**

**Member, applicant must provide documentation of enrollment in a course of study at an accredited post-secondary institution:**

1. **University**
2. **Community College**
3. **Vocational/Technical School.**

**Member, applicant that is a new student starting the fall semester must provide documentation of a high school grade point average of at least a 2.50.**

**Member, applicant that is currently attending, or has previously attended classes must provide a transcript of the last semester/quarter attended and must have a grade point average of at least a 2.50.**

**Member, applicant must disclose any other educational assistance available. Failure to disclose will result in the withdrawal of the scholarship, to include but not limited to repayment of any money lent and any associated cost to recover those monies.**

**Applications will be accepted from January 1st through June 30th of the calendar in question.**

**Any application submitted without required documentation will not be considered and must be resubmitted in its entirety prior to June 30th for consideration in that calendar year.**

**Applications received after June 30th will not be considered.**

**The Dave Smith/Glenn Snyder Memorial Scholarship places emphasis on those with limited or no educational benefits and will be awarded with the following priority:**

1. **Members of the Shelby County Metro Lodge # 35.**
2. **Spouse or child of Members of the Shelby County Metro Lodge # 35 member.**

**(Only one in any given calendar year)**

**SHELBY COUNTY METRO LODGE # 35**

**DAVE SMITH/GLENN SNYDER**

 **MEMORIAL SCHOLARSHIP**

**PLEASE TYPE OR PRINT ALL INFORMATION**

 **APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_\_**

**Student information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: Sex: \_\_\_\_\_ Male: Female: \_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City State Zip County**

**Phone # (\_\_\_) \_\_\_- \_\_\_\_**

**School Information: GPA MUST BE AT LEAST 2.50**

**You must attach a copy of your high school transcript, if in a college or trade school; attach copy of your last semester/quarter transcript.**

**Institution you will attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_**

 **Street City State Zip County**

**Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is school state-accredited? Yes \_\_\_\_ No \_\_\_\_ Is this school \_\_\_\_\_ Public \_\_\_\_Private**

**This school is a: \_\_\_\_\_ University \_\_\_\_\_\_ Community College \_\_\_\_\_ Vocational/Technical**

**Name of Financial Aid Director: \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Phone**

**Are you currently enrolled in this institution? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**

**If yes, complete the following:**

1. **Field of study: \_\_\_\_\_\_\_\_\_\_\_\_**
2. **Number of credits completed, \_\_\_\_\_\_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_\_\_\_**
3. **Part-time \_\_\_\_\_ Full-Time \_\_\_\_\_\_**

**SHELBY COUNTY METRO LODGE # 35**

**DAVE SMITH/GLENN SNYDER**

 **MEMORIAL SCHOLARSHIP**

**PLEASE TYPE OR PRINT ALL INFORMATION**

**COMPLETE THE FOLLOWING IF APPLICANT IS A SPOUSE OR CHILD**

 **Members Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Current Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Relation to Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that the information contained in this application and any other required documentation is true and correct to the best of my knowledge and belief. I understand that any intentional misrepresentation is grounds for denial of this scholarship and shall make me ineligible for future consideration. I agree to comply with the rules and regulations governing this scholarship and all applicable laws governing same.**

**I understand that this application and all associated documentation becomes the property of SHELBY COUNTY METRO LODGE # 35 and may be published to promote the Dave Smith/Glenn Snyder Memorial Scholarship. Applications and documentation will not be returned to applicant.**

**I understand that this application in no way places any requirement or obligation on the SHELBY COUNTY METRO LODGE # 35 or the Dave Smith/Glenn Snyder Memorial Scholarship and that their decision is final.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO NOT WRITE BELOW THIS LINE**

**SCHOLARSHIP COMMITTEE USE ONLY**

**This application has been reviewed and found to meet the criteria set forth for consideration of a Dave Smith / Glenn Snyder Memorial Scholarship award and forwarded to the Executive Board of SHELBY COUNTY METRO LODGE # 35 for approval.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Committee Member Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Committee Member Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Committee Member Date**

**Approved \_\_\_\_\_ Disapproved \_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Treasurer, Shelby County Metro Lodge # 35 Check Number Date**