SWTC FOUNDATION SCHOLARSHIP

Goal: To provide scholarship funds to deserving individuals in their pursuit of training for successful careers, acknowledging their employment by business/industry will contribute to the economy.

Criteria:  
I. Financial Need  
II. Expectation for Successful Completion of Program  
III. Weighted Consideration to Residents of Partner Districts  
IV. Prospective Student in Fulltime Accredited Program

Amount: The annual scholarship amount will be determined by the Southwest Technology Center Foundation, which manages the scholarship fund. In general, the scholarships range from $200.00 to $600.00 each.

Deadline: All applications need to be turned in to the front office by 3:00 p.m. on Friday, October 23rd, 2020

Notification: Students will be notified by mail after scheduled board meeting. Please do not inquire about outcome. Thank you!

Forfeiture: The SWTC Scholarship Committee has the authority and responsibility to administer forfeiture rules based on the presence of irrefutable data. Recipients shall forfeit their award of the scholarship under the following circumstances:

I. Academic failure  
II. Cessation of attendance  
III. Failure to successfully complete program of study for reasons determined to be student controlled.

Payment: Direct payment will be made to Southwest Technology Center from the Southwest Technology Center Foundation on behalf of the scholarship recipient. Such payment will be made toward the cost of tuition, books, and supplies, in that order.
Scholarship Evaluation Criteria

Applications shall be evaluated and ranked by the Southwest Technology Center Scholarship Selection Committee based on a scale of 100 possible points to be awarded as follows:

I. Financial Need – Maximum Points  50
II. Training/Education/Employment History – Maximum Points  30
III. Resident of SWTC District – Maximum Points  10
IV. Prospective Student in Fulltime Accredited Program  10
V. Two letters of recommendation/reference – Required
Scholarship Application

SOUTHWEST TECHNOLOGY CENTER FOUNDATION
711 W. Tamarack
Altus, OK  73521

1. Applicant’s Name: ________________________________________________
   First    Middle    Last

2. SSN# _____________________

3. Birthdate _________________________

4. Permanent Address ________________________________________________
   Street/Apt.       City/State/Zip

5. Home Phone _________________       Work Phone____________________

6. Parent/Legal Guardian/Address (if minor): _____________________________
   ________________________________________________________________

7. Occupation of Parents/Guardians (if minor):
   Mother __________________________       Father _________________________

8. Occupation and/or other sources of income if applicant is 18 years or older:
   ________________________________________________________________

9. What other scholarships, grants, and assistance are you expecting to receive?
   Please identify with amounts: ________________________________________

10. What are your career plans for the future? ____________________________
    __________________________________________________________________

11. How will the receipt of this scholarship affect your career plans? __________
    __________________________________________________________________
MUST INCLUDE

12. Financial Need: Attach a narrative, written in your own words: (1) describe the basis of your need for this scholarship; (2) your educational-training plans; (3) your career plans; and (4) your life and family information, present living situation, employment history including reason for leaving; and (5) other pertinent information.

13. Indicate your family’s adjusted gross income from last year’s tax return: (if minor, data for parents)

- _____ under $15,000
- _____ $15,000 to $20,000
- _____ $20,000 to $25,000
- _____ $25,000 to $30,000
- _____ Over $30,000

14. Total number of family members living in your home ______________________

15. No. of children of applicant _______________Ages ______________________

16. If attending school, grade level of each: _______________________________

17. Other financial considerations which you would like considered in the scholarship application ____________________

18. Please list community service activities or employment activities within the community with which you have been involved ____________________

19. Two letters of recommendation/reference from non-family members must be attached.

Applicant’s Signature _______________ Date _______________
Scholarship Evaluation Form

Date ____________________

Name of Applicant ________________________________________

Points Awarded:

I.  Financial Need: _______  (50 points max)

II. Training/Education/Employment History: _______  (30 points max)

III. Resident of SWTC District: _______  (10 points max)

IV. Prospective Fulltime Student: _______  (10 points max)

V. Letters of Recommendation/Reference _______  (2 required)

Signature of Selection Committee Members:

__________________________________________  Date ________________

__________________________________________  Date ________________

__________________________________________  Date ________________

__________________________________________  Date ________________