



SGSC Staff Council
100 West College Park Drive • Douglas, Georgia 31533
2001 S. Georgia Pkwy W • Waycross, Georgia 31503)
email: staffcouncilbookscholarship@sgsc.edu

## **Application for Staff Council Employee Book Scholarship**

Name:	Posit	tion:
SGSC Email:		Telephone: (
Degree or Graduate Cert	ficate Sought:	Pathway/Major:
Cumulative GPA:	Expected Book Costs:	Expected Graduation:
		Semester, Year
account (funded through S or employees on unpa	taff Council fundraising activities). Thid leave. The recipient(s) of the schola	in the South Georgia State College Staff Council Book Scholarships his scholarship is <b>not</b> available for dependents, spouses, retired staff, urship are chosen by the Staff Council Book Scholarship Selection lacted prior to review by the Selection Committee.
In order to apply for the the following criteria:	e South Georgia State College S	Staff Council Employee Book Scholarship, you must meet
<ul> <li>least six conset</li> <li>You must have programs.</li> <li>You must have</li> <li>You must atta</li> <li>You must atta</li> <li>how this school</li> </ul>	ecutive months prior to apply e an overall GPA of 2.5 for ur e not been awarded an SGSC ch proof of enrollment for th ch a 100-250-word essay out	Book Scholarship within the last 12 months. e semester that you are requesting the scholarship thining your academic and/or professional goals and them. Essays may contain the reason(s) you believe
be responsible for repa of the term that the sch	yment of the book scholarship a nolarship was awarded. I under	l and meet the qualifications to apply. I understand I may if my employment with SGSC were to end prior to the end stand that if selected for this award, my name may be de SGSC Staff Council with a copy of my receipt for proof
Signature:		Date:
For internal use on	ly:	
□ Awarded for term:	□ Denied □ Reas	on (if applicable):
Staff Council Chair Signa	ture:	Date:
Staff Council Treasurer Signature:		Date: