ALABAMA CONSERVATION DISTRICT EMPLOYEES ASSOCIATION

Conecuh County SWCD 102 Liberty St., Room 104 Evergreen, Alabama 36401

The Alabama Conservation District Employees Association Scholarships are presented to six seniors in the State of Alabama, who are entering college in the field of their choice upon High School graduation.

Completed applications must be received in our district office by 3:00 p.m. Tuesday, March 5, 2019. Because of the short time frame for judging, late applications CANNOT be accepted.

A PHOTO SHOULD BE ATTACHED TO THE APPLICATION.

References: **Two completed recommendation forms are needed.** We suggest one from a teacher and one from someone of your choosing (forms attached).

Judging at all levels will be completed using the Point Assessment Form adopted by the Association in 2016. Name Home Phone Work Phone Address City State Zip YES NO U. S. Citizen? Circle one or Date of Birth Social Security # (Last 4 Digits only) Current Employer Name, Address, & Phone Number Parent(s) or Guardian(s) Address & Phone Number (if different) List members of your immediate family you live with: List sibling 14 to 18 years of age: Colleges that have accepted you:

Major field of study:

Have you been selected for or accepted any of	her scholarship?	Circle one YES	or NO	
If yes, list scholarship(s) with amounts(s):				
Have you been awarded or accepted any other	financial aid? C	ircle one YE	ES or NO	
If yes, list source(s) with amount(s):				
FINANCIAL & ACADEMIC INFO	RMATION:			
Total income before taxes from all sources (incl. salary, wages, tips, social security, disability, child support, alimony, etc.)	<u>Self</u>	<u>Spouse</u>	<u>Guardian</u> or Father	Guardian or Mother
	\$	\$	\$	\$
List any clubs or organizations (school or comyears. Do not duplicate entries (use separate sleep List current and past work experience, including entries (use separate sheet if needed):	neet if needed): _	tions, during your <u>Ju</u>	nior and/or Senior years	. Do not duplicate
List Agriculture/Conservation Activities.**				
** (Copies of published articles/pictures pe	rtaining to these	e, will be helpful)		
On a separate sheet of paper, please scholarship.	write a <u>brief</u>	paragraph tellin	g us why you are a	pplying for this
Signature of Applicant			Date:	
Signature of Parent or Guardian			Date:	

TO BE COMPLETED BY COUNSELOR:

Name of student:		
	Phone No	
School Address:		
O11 1		
Overall grade point average		
ACT Score	(Please attach print out)	
Signature of Counselor:		
Printed name of Counselor:		
Date:		

RECOMMENDATION FORM: TO BE COMPLETED BY PERSON WRITING LETTER OF RECOMMENDATION

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Student's Nar	me					
(Please Type						
Recommende	ed By					
I have known	this student as: (check all applicable	areas)				
	A member of a class which I teach A participant in a club, committee, or other school function with which I am associated (specify nature of participation)					
	A worker under my supervision					
	Other (and/or comments)					
Indicate your	recommendations in the following are	eas and add any comments you feel applicable.				
	<u>Scholarship</u>	<u>Leadership/Citizenship</u>				
	Highly Recommend	Highly Recommend				
	Recommend	Recommend				
	Do Not Recommend	Do Not Recommend				
	Do Not Know	Do Not Know				
Comments: _						
Signature:		Date:				

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	Recommend	Recommend				
	Do Not Recommend	Do Not Recommend				
	Do Not Know	Do Not Know				
Comments: _						
Signature:		Date:				