SHEPHERD UNIVERSITY
CLASSIFIED EMPLOYEES CHILDREN’S SCHOLARSHIP FUND
APPLICATION GUIDELINES

I. PURPOSE

The Classified Employees Children’s Scholarship Fund was established by the Classified Employees Council for the purpose of awarding monetary grants to children of full-time Classified Employees. The scholarship is to be used exclusively by the student recipients for expenses in pursuit of a degree at Shepherd University.

II. ELIGIBILITY

1. The applicant must be a (biological, adopted, or step) child of a full-time Classified Employee.
2. The Classified Employee must have been employed full-time at least six months prior to the start of the upcoming semester. Previous part-time employment at the University will be considered to establish an EST (Equivalent Start Date).
3. The applicant must be enrolled as a full-time student at Shepherd University.
4. Freshman applicant’s eligibility will be determined by a need assessment from the Office of Financial Aid as well as by ACT and SAT scores and high school transcripts.
5. The continuing student must demonstrate “Satisfactory Academic Progress”, as outlined by Shepherd University.
6. The continuing student must maintain at least a minimum Shepherd University GPA of 2.0 and a minimum cumulative GPA of 2.0.

III. PROCEDURES

1. Applicants must submit a Free Application for Federal Student Aid (FAFSA) for 2016-17 at www.fafsa.gov. The filing deadline is March 1, 2016.
2. Return the completed Classified Employees Children’s Scholarship Fund application to the Classified Employees Children’s Scholarship Committee, addressed to the attention of Judith Soule, Office of Financial Aid, Gardiner Hall by March 16, 2016.

Please contact any of the following committee members with questions or concerns:

Judith Soule, ext. 5470
Ken Harbaugh, ext. 5252/5265
Theresa Smith, ext. 5217
Sharon Kendle, ext. 5321
Karen Sutherland, ext. 5388
Full Name of Student: ________________________________
Permanent Address: ________________________________
Phone Number: ________________________________
Campus Address: ________________________________
Campus Phone #: __________________ Shepherd Rambler ID #: ____________

Academic Classification ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior

Are you a transfer student? ( ) Yes ( ) No If Yes, Institution Name: ____________

Are you enrolled full time? (12 or more academic hours) ( ) Yes ( ) No

Anticipated graduation date: ____________ Cumulative GPA: ________
( returning students)

Father’s Full Name: ________________________________
Shepherd Employee: ( ) Yes ( ) No Date of Employment at Shepherd: ________

Department/Office: ________________________________

Mother’s Full Name: ________________________________
Shepherd Employee: ( ) Yes ( ) No Date of Employment at Shepherd: ________

Department/Office: ________________________________

I hereby certify that the information on this application is true and correct to the best of my knowledge. By signing this release I am giving the Shepherd University Classified Employees Scholarship Committee permission to obtain needed information from the Office of Financial Aid as well as grade reports from the Registrar’s Office.

Applicant’s Signature: ____________________________ Date: ________________

DEADLINE: MARCH 16, 2016

Return to: The Office of Financial Aid - Attn: Judith Soule