

Fairfield Glade Ladies Club Pam Biggs Scholarship Application

To be eligible for a Fairfield Ladies Club Pam Biggs (FG LC) Scholarship Award, the recipient must:

1. Be a resident of Cumberland County and an Independent Adult Student.
2. Be enrolled in a degree or certificate program at an accredited State college or university or certificate program.
3. Have completed the FAFSA and show a need for financial aid
4. Be enrolled a minimum of 6 credits per semester
5. Maintain a minimum of a 2.5 GPA for the most recent semester
6. Be enrolled and active in the Upper Cumberland TN Reconnect Community, if eligible for the Reconnect Grant. (Cindy Taylor, ctaylor@ucconnect.com, 931-265-1359)

Documents to be submitted before the application can be considered:

1. FG LC Pam Biggs Scholarship Application Form
2. Cover Letter/Personal Essay addressing the following criteria:
 - a. College major and career plans
 - b. What does this scholarship mean to you and what do you want the Scholarship Committee to know about your personal financial circumstances when considering your application.
 - c. How can this scholarship help you to achieve your goals?
- ❖ Please note all information is kept confidential.
3. Student Aid Report (SAR) from FAFSA
4. Cumulative transcript that includes final grades through current semester

Document to be submitted after Award (if applicable)

1. Brief Personal Statement describing a little about yourself and your career goals that can be shared with the FG LC Membership at a monthly meeting.

A. PERSONAL INFORMATION

Full Name of Applicant:	
Mailing Address: (Where you live to include city, county and zip code)	
Home Phone: (xxx-xxx-xxxx)	Cell Phone: (xxx-xxx-xxxx)
Email Address:	
Name of State College or University:	Student ID #:
Degree/Certificate Program:	Year in College for Upcoming Semester:
Anticipated Year of Graduation:	
Living Circumstances: (Married, live with parents or independently)	

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B. FINANCIAL INFORMATION

Current Job:	Hours per Week:	Salary per Pay Period:
Name of Employer:	Employer Contact Information:	
Estimated Consumer Debt: i.e. credit cards, loans (car/home etc.), medical bills, etc. Please be specific as to type/amount.		
Estimated other extenuating expenses: i.e. child care, care for aged parents, gas, fees, supplies, transportation to school etc. Please be specific as to type/amount.		
Grants, Scholarships, or other Financial Aid You Expect to Receive: (i.e. TN Transfer, Pell Grant, Hope Grant, Community Club/Church Scholarships): <u>Please be Specific.</u>		
Source/Amount:	Source/Amount:	Source/Amount:
Source: Amount:	Source/Amount:	Source/Amount:
Unmet Needs: (i.e. Tuition, Books, Supplies, and Certification Fees etc.)		
Need:	Estimated Cost: /	Need: Estimated Cost:
Need:	Estimated Cost: /	Need: Estimated Cost:

C. SIGNATURE

You're signature below signifies that all the information included in this Application is true and correct. Any misinformation may result in rejection of your Application.

Applicant Signature

Date

**Return this Form and Required Documents by June 15 to:
Scholarship Committee, Fairfield Glade Ladies Club, PO Box 2004**