



United Way
of Southeast Georgia

High School Scholarship Application 2024-25 Academic Year

United Way of Southeast Georgia is pleased to announce the establishment of high school scholarship program, designed to support deserving students who face financial barriers in achieving their educational goals. This scholarship reflects our commitment to fostering educational equity and empowering students who demonstrate academic promise, leadership potential, and a passion for making a difference in their communities.

As part of our organization's mission, we believe that access to education should not be limited by financial means. The United Way of Southeast Georgia Scholarship is intended to assist students who demonstrate financial need and align with our core values of dedication, resilience, and service to others.

Scholarships will be awarded to students at each of the three high schools (Portal High, Southeast Bulloch High, and Statesboro High): one for a technical/vocational college (\$500) and another for a college or university (\$1,000). This initiative aims to support our students' diverse educational aspirations and career paths.

To be eligible for the UWSEGA Scholarship, a student must:

- Be a graduating senior planning to attend a four-year accredited academic program or a vocational school
- Demonstrate and provide proof of financial need (see application for income range)
- Be a U.S. citizen or permanent resident
- Have a record of good attendance and behavior
- Maintain grade reports reflecting at least a 2.5 (college or university) or 2.0 (technical/vocational) in core courses
- Have a crime and drug-free record

Application Checklist

- Submit one academic reference form and one community reference form to be completed on your behalf using the forms provided with this application. Please allow your reference ample time to complete the form well in advance of the application deadline. References cannot be related to you.
- Completed application returned no later than Friday, March 7, 2025.*** Incomplete or late applications will not be considered. Mail to Dr. Dawn Tysinger, Bulloch County Schools, 150 Williams Road, Statesboro, GA 30458
- Last four weeks of paystubs or most recent income tax return



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United Way of Southeast Georgia High School Scholarship Application

STUDENT INFORMATION

TO BE COMPLETED BY THE PARENT(S) OR GUARDIAN(S)

Student Legal Name: _____

First

Middle

Last

Date of Birth (*mm/dd/year*): _____ Age: _____ Gender: Male Female

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Is the student employed? _____

If yes:

Employer? _____

How many hours do they work per week? _____

Ethnicity: Is the student of Hispanic, Latino, or Spanish origin? Yes No

Racial Identity:

American Indian / Alaskan Native

Asian

Black or African American

White or Caucasian

Unlisted

Prefer Not to Answer

Name of High School: _____

College or Vocation School Planning to Attend: _____

Is the student a U.S. Citizen? Yes No

Student Social Security Number: _____ - _____ - _____

This United Way of Southeast Georgia scholarship is needs-based.

How could this scholarship benefit the child's future?

How has your family background or personal experiences influenced your approach to education?

Statement of Financial Need: Describe why you need financial assistance. How will this scholarship help you achieve your goals?

What college would you like to attend? What would you like to study?

Reference Requirements

You must provide one academic reference and one community reference. Please ensure that your references are given sufficient time to complete and submit the reference form before the application deadline. References must not be related to you.

Your references will submit the completed form directly to United Way of Southeast Georgia via email. Please fill out the section below to identify your chosen references. Forms can be downloaded on UnitedWaySEGA.org or found at the end of this document.

Academic Reference

- Name: _____
- Title / Position: _____
- Email Address: _____

Community Reference

- Name: _____
- Title / Position: _____
- Email Address: _____

United Way of Southeast Georgia Scholarship Application

Release of Information, Consent & Certifications

Consent of Photograph, Film, Videotape a Student for Non-Profit Use

I, _____ (Print Name of Parent/Guardian), hereby give permission to United Way of Southeast Georgia and Bulloch County Schools to use photographs, video images, writing, voice recordings of my student and his or her immediate family in news reports, newsletters, website content, program marketing materials, graduation programs, articles, and/or other media outlets.

I also grant the right to edit, use, and reuse said products including use in print on the internet, and all other forms of media. I hereby release United Way of Southeast Georgia and the Bulloch County School System and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Applicant Name: _____ Date: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Certifications

I, _____ (Print Name of Parent/Guardian), certify that all of the information provided on behalf of my student in this application and on any other document or writing completed by us in connection with Application is true, correct and complete to the best of my knowledge. To the best of our knowledge, I/my student meets the eligibility requirements detailed in the application.

I acknowledge and understand that any false or misleading information written in this application may result in the disqualification of my student from participation in the United Way of Southeast Georgia Scholarship Program

Applicant Name: _____ Date: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FERPA RELEASE FORM

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. In accordance with FERPA, it is the policy of the school system to withhold certain educational records unless the student of his or her guardian provides consent to disclose information. The purpose of this form is to provide the consent to the school system required by FERPA to allow United Way of Southeast Georgia and its affiliates to access educational records on all applicants.

I, _____, (Print Name of Parent/Guardian), hereby authorize _____ (Print Name of School) school to release and/or discuss my child's educational records including, but not limited to, attendance, discipline, grades, and home address with United Way of Southeast Georgia and its affiliates, for the purpose of benefiting my child, the school system and any research benefitting the State of Georgia's educational programs or initiatives.

Applicant GTID Number: _____

Applicant Name: _____ Date: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Scholarship Academic Reference Form United Way of Southeast Georgia

Please submit to ccassedy@unitedwaysega.org by **Friday, March 7, 2025**

Applicant Information:

Name of Applicant: _____

Reference Information:

Name: _____

Position/Title: _____

Institution: _____

Contact Email: _____

Contact Phone Number: _____

How long have you known the applicant, and in what capacity?

Please provide a brief description.

In your opinion, what are the applicant's greatest strengths?

What areas, if any, could the applicant improve on to reach their full potential?

How well do you believe the applicant would benefit from this scholarship?

Please rate the applicant on the following attributes based on your experience with them:

Attribute	Excellent	Good	Average	Below Average	Not Observed
Academic Performance					
Critical Thinking Skills					
Initiative and Motivation					
Communication Skills					
Time Management					
Ability to Work in a Team					
Leadership Qualities					
Creativity & Problem-Solving					

Additional Comments:

Please provide any other information or insights that you feel would be relevant to the selection committee.

Reference Signature: _____ **Date:** _____



United Way
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Scholarship Community Reference Form United Way of Southeast Georgia

Please submit to ccassedy@unitedwaysega.org by **Friday, March 7, 2025**

Applicant Information:

Name of Applicant: _____

Reference Information:

Name: _____

Position/Title: _____

Institution: _____

Contact Email: _____

Contact Phone Number: _____

How long have you known the applicant, and in what capacity?

Please provide a brief description.

In your opinion, what are the applicant's greatest strengths?

What areas, if any, could the applicant improve on to reach their full potential?

How well do you believe the applicant would benefit from this scholarship?

Please rate the applicant on the following attributes based on your experience with them:

Attribute	Excellent	Good	Average	Below Average	Not Observed
Academic Performance					
Critical Thinking Skills					
Initiative and Motivation					
Communication Skills					
Time Management					
Ability to Work in a Team					
Leadership Qualities					
Creativity & Problem-Solving					

Additional Comments:

Please provide any other information or insights that you feel would be relevant to the selection committee.

Reference Signature: _____ **Date:** _____