John Edgar Excellence in Mathematics Scholarship

The John Edgar Excellence in Mathematics Scholarship will be awarded to one student each year who is majoring in a STEM related field. This is a one-time, non-renewable award of $500.00 for fall semester and $500.00 for spring semester. The scholarship will be set up as an account for the student by the business office to be used for tuition, fees, or books as needed. If the recipient withdraws from college, the scholarship money will be rescinded.

The deadline for the application packet to be turned in is June 15th of each year. The scholarship recipient will be notified by July 1st of each year. The scholarship must be used for two semesters during three of the semesters following reception of the award.

Criteria for Scholarship

- o Must be pursuing a degree in Science, Technology, Engineering or Mathematics.
- o Successfully Completed Math 112 or higher.
- o Must have completed two semesters at SUSCC with a minimum of 6 credit hours each semester.
- o Minimum 3.0 overall GPA

Application Process

- o Complete the application form.
- o On a separate sheet of paper, write a double-spaced essay of no more than 500 words that describes your interest in mathematics and how it relates to your future goals for your program of study.
- o Provide one letter of recommendation. The letter of recommendation should not come from family members or from a member of the scholarship selection committee. Letters must be signed and in a sealed envelope. The writer of the recommendation should also sign across the back flap of the sealed envelope.
- o An unofficial copy of your transcript must be turned in with the application.
- o Place the application, essay, letter of recommendation, and the transcript in one large envelope and turn it in to Mrs. Vickie Adkins in HAC 223 on the Opelika Campus by June 15th.

Application Checklist

_____ Application Form

_____ Essay

_____ Letter of Recommendation

_____ Unofficial Transcript

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Please print in black ink.

Name _____

                First   M.I.   Last

SUSCC Student ID # _____

Home Address _____

                Street Address/Apt. Number

_____

   City   State   Zip

Phone Number _____Email _____

College Major _____

Year/Semester You Plan to Graduate or Transfer from SUSCC_____

Use the space below to provide any additional information you would like to share with the Scholarship Selection Committee.