



Shelby County Community Corrections

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

DOB _____ Social _____ Desired Amount :\$ _____

What is the scholarship being used for:

Are you in school? YES NO

Are you employed? YES NO If yes, where? _____

Have you ever been on probation or corrections? YES NO

If yes, explain:

Parent or Guardian: _____

Parent or Guardian Contact Info: _____

Education

School: _____ Address: _____

Grade: _____

Extracurricular Activities

Please list three any activities, clubs, or sports that you attend.

Name: _____

Name: _____

Name: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to the scholarship being approved, I understand that all funds will be dispersed directly to the entity seeking payment on behalf of the scholarship applicant.

Signature: _____ Date: _____