

Suburban Sugar Land Women (SSLW)

Volunteer, Incorporated, 501C3, Fort Bend & Beyond, Collaborative, Service Organization Since 1989

FIRST – TIME SCHOLARSHIP APPLICANT BURSAR’S FORM

Accepted June 1 – July 15 annually.

Dear Scholarship Recipient & Parent(s):

CONGRATULATIONS! You have been awarded a SSLW Scholarship!

1. ALL information must be **typed, complete, and accurate.**
2. Submit two written documentations with the college/university's letterhead confirming your ACCEPTANCE and ENROLLMENT as a full time student.
3. Return to the address below with a U.S. Mail postmark on or before July 15.
4. Correspondence requiring a signature and/or postage will not be accepted.
5. Letter and check will be mailed to the college/university on/or before August 15.
A copy of this letter will be sent to recipient/parent(s)/guardian(s).
6. Failure to comply with the above will automatically forfeit scholarship.

Your Name: _____ SSN: _____ Date of Birth: _____
High School: _____
Your Cell: _____ Your Email: _____
Your Permanent Address: _____
City, State, & Zip Code: _____
Parent/Guardian Name: _____
Parent/ Guardian Address: _____
Parent /Guardian: Home Phone _____; Work _____;
Cell _____; & Email _____
Emergency Contact:
Name _____; Relationship _____;
Telephone Number(s) _____ & _____; and
Email(s) _____ & _____
College/University Attending: _____
Major: _____ Minor: _____
Bursar's Name: _____ Title: _____
Department: _____; Email: _____; Telephone: _____; Fax: _____
Address: _____
City, State, & Zip Code: _____
Applicant's Signature: _____ Date: _____
Parent/Guardian: Type Your Name: _____;
Parent's Signature: _____; Date: _____

Our vision is to encourage, educate, equip, engage, and empower.
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