



**suzannah smiles**

## Educational Scholarship Fund

The Educational Scholarship Fund is administered by Suzannah Smiles so that persons born with Spina Bifida might achieve their full potential through the pursuit of higher education or technical school. The Scholarship Fund offers assistance to persons born with Spina Bifida for such necessities as tuition, books, room and board, and specialized equipment needs.

### **TO QUALIFY YOU MUST MEET THE FOLLOWING GUIDELINES:**

1. Must be born with Spina Bifida.
2. Legal resident of Texas.
3. Scholarships are based on financial needs, academic record, community service, work history, leadership, and other information provided on the application.
4. Must be enrolled in, or have been accepted into a university, junior college, or approved trade school.
5. A grade report or progress report must be submitted to the Scholarship Committee Chairperson following the completion of each semester or term that is funded.

There is no age limit of person applying for scholarship. Scholarships will be paid directly to the school of choice. The Scholarship Committee is the determining factor in who is to receive the funds available and reserves the right to reject any application submitted.

### **CREDENTIALS REQUIRED TO SUPPORT APPLICATION FOR SCHOLARSHIP**

#### ***HIGH SCHOOL STUDENTS:***

1. Copy of school transcript or equivalent.
2. Letter verifying admission to school of choice.
3. Reference letter from at least one faculty member of high school.
4. A personal statement describing your goals in life, future educational pursuits, and anything else you feel is helpful for the committee to know about you and your situation.

#### ***COLLEGE OR TRADE/TECH SCHOOL STUDENTS:***

1. A copy of grade transcripts from each college attended.
2. Letter verifying admission to college or trade/tech school.
3. Current letter of reference from a person not related to you.
4. A personal statement describing your goals in life, future educational pursuits, and anything else you feel is helpful for the committee to know about you and your situation.

Return To Suzannah Smiles at either:  
[Scholarship@suzannahsmiles.org](mailto:Scholarship@suzannahsmiles.org) (preferred method)  
or  
Suzannah Smiles - Scholarship Program  
1209 W Highway 83, Alamo, TX 78516

Please return application and all other documents required by April 15, 2022. Scholarship recipients will be notified in late May. If you should have questions, please contact Jackie Swanson at [scholarship@suzannahsmiles.org](mailto:scholarship@suzannahsmiles.org).





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### Scholarship Application

Name:

Home Address:

City:

State:

Zip Code:

Date of Birth:

Telephone:

Email:

Address at School (if applicable):

City:

State:

Zip Code:

School you are planning to attend:

Field of study:

When do classes begin:

What are your estimated education expenses? (Tuition and fees, books, room and board, etc.)

How do you expect to finance your education? Have you received any other scholarships?

Please list extra curricular activities and community activities:

Please list any jobs either part time or full time:

Name of Employer:

Type of Business:

Position Held:

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_