



## RACHEL SIBLEY SUTTON SCHOLARSHIP

The College of Education is pleased to announce the Rachel Sibley Sutton Scholarship. Through the University of Georgia Foundations, two academic year scholarships will be awarded in memory of Dr. Rachel Sibley Sutton for her distinguished career and leadership in Elementary Education. **This scholarship is open to females and males of junior, senior, or graduate status.**

The scholarships will be awarded on an academic year basis in the amount of \$1000. The awards will be paid to the recipients on a semester basis at the beginning of each Fall and Spring semester. If there are no qualified candidates, no award will be given.

### **Qualifications:**

1. Candidate must be enrolled in the Early Childhood Education or Middle School Education program in the College of Education (must be a United States Citizen).
2. Scholarship is awarded for full-time study only.
3. Candidate must show evidence of definite plans for a career in Elementary Education in the State of Georgia.
4. Minimum GPA required: Undergraduate award - 3.0 cumulative GPA  
Graduate award - 3.5 cumulative GPA  
GPA must be maintained in good standing.
5. **Financial need must be demonstrated.**
6. Candidate is not eligible for re-selection.

### **Application Procedures:**

1. Application file must contain a completed, typed or neatly hand-written application form, a typed personal statement, and three letters of recommendation.
2. **Application must be completed and the three letters of reference must be submitted to 122 Aderhold by the deadline date. All applicants must submit six applications (five copies plus the original).**

**RACHEL SIBLEY SUTTON SCHOLARSHIP**

***This application form should be completed and returned to the Student Services Office, College of Education, 122 Aderhold Hall. All applicants must submit six applications (five copies plus the original). All aspects of the application process should be completed by the deadline date.***

**SECTION 1:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Major: \_\_\_\_\_

Degree Objective (circle one):     **BSED**   **MED**   **MA**   **EDD**   **EDS**   **PHD**

Expected Date of Graduation: \_\_\_\_\_

List all colleges or universities attended:

<b>College</b>	<b>Dates Inclusive</b>	<b>Degree Received</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors or Awards: \_\_\_\_\_

\_\_\_\_\_

Participation in professional activities in the College of Education: \_\_\_\_\_

\_\_\_\_\_

Participation in campus organizations: \_\_\_\_\_

\_\_\_\_\_

Participation in community and professional organizations: \_\_\_\_\_

\_\_\_\_\_

Participation in summer and/or work activities: \_\_\_\_\_

\_\_\_\_\_

Participation in any other activity, organization, group, etc., which might have bearing on this application:

\_\_\_\_\_

\_\_\_\_\_

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## SECTION II:

Please provide three letters of recommendation. (One letter as a character reference, one letter must come from your COE Department, and one letter from someone familiar with your professional work performance). List your references below and have them address the letters to: College of Education Scholarship Committee, 122 Aderhold Hall, The University of Georgia, Athens, Georgia 30602.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## SECTION III:

In a separate letter, please provide information about yourself and your career plans. This statement may be inclusive as to your goals, professional plans, rationale for applying for this scholarship, etc. Please attach letter to application.

## SECTION IV:

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

## SECTION V:

Complete the attached Financial Information Sheet in as much detail as possible. **NOTE: Applications without this completed sheet will not be considered.**

## FINANCIAL INFORMATION

A. Financial information for the **YEAR** for which you are requesting assistance:

<u>Income</u>		<u>Expenses</u>	
<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
a. Work	_____	a. Rent or house payment	_____
b. College or other loans	_____	b. Utilities (phone, gas, electricity, etc.)	_____
c. Parents	_____	c. Tuition and fees	_____
d. Scholarships	_____	d. Transportation	_____
e. Savings or sale of stocks/bonds	_____	e. Food	_____
f. Assistantship	_____	f. Clothing	_____
g. Government support programs	_____	g. Books	_____
h. Other (itemize below)	_____	h. Entertainment	_____
_____	_____	i. Medical	_____
_____	_____	j. Insurance	_____
_____	_____	k. Credit card payments	_____
		L. Other (itemize below)	_____
		_____	_____
		_____	_____
Total	=	Total	=
	_____		_____

B. Optional (This space is for any additional comments you would like to make regarding your financial need that you did not include on your personal statement):

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