

2020 SHAW DEPENDENT SCHOLARSHIP PROGRAM

This scholarship was created to help the dependents of Shaw associates realize their dreams of continuing their education at a college, university or technical school. Students must exhibit a passion for creating a better future for themselves and their communities.

To apply, please have the student complete the application and submit a copy of his/her transcript to: scholarship@shawinc.com before 3/15/2020.

Full eligibility requirements are available on MyShaw.
(<https://myshaw.shawinc.com/Community-Outreach/Community-Outreach.aspx>)

SCHOLARSHIP DETAILS:

- One-time \$1000 scholarships for high school seniors, attending a two-year or four-year college, university or technical school.
- Dependents of Shaw associates are eligible to apply.
- IRS guidelines dictate the maximum number of scholarships that can be given in a year. Not all applicants will receive a scholarship.

APPLICATION PROCESS:

- Complete the application and have your school email a copy of your transcript to: scholarship@shawinc.com before 3/15/2020.
- The scholarship committee will review and recommend scholarship recipients based on set grading criteria.
- The Community Foundation of NWGA will select winners and distribute funds to the school in the student's name.

GUIDELINES:

- Must be the dependent of a Shaw Industries associate who has been actively employed within any division of Shaw Industries for at least six consecutive months as of March 15, 2020. Dependents qualify to apply, even if not covered under Shaw insurance.
- Must be a high school (or home school) senior graduating between May 1, 2020 and July 31, 2020.
- Must have a cumulative high school grade point average (GPA) of at least 2.5 on a 4-point scale.
- Must enroll in summer or fall 2020 as a freshman/first year student in a full-time program of study at a two-year or four-year college, university or technical school. The school must be an accredited U.S. or Canadian institution
- This program may be discontinued at any time without notice.

Questions?

Email scholarship@shawinc.com



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APPLICANT INFORMATION

Please provide applicant (eligible Shaw dependent) information in this section.

Applicant's Full Name (First, Middle, Last)

Applicant's Mailing Address (Street, City, State, Zip Code)

Applicant's Phone Number _____

Applicant's Email Address _____

What is the gender of the applicant?

Female Male Prefer not to say Other

Which categories best describe the applicant? (Select all that apply)

- White / Caucasian Asian Native Hawaiian or Other Pacific Islander
- Hispanic, Latino or Spanish origin American Indian or Alaska Native
- Black or African American Middle Eastern or North African
- Other

SHAW ASSOCIATE INFORMATION

This section requires knowledge of information related to the employment of the Shaw Associate who makes you eligible for this scholarship. You may need their assistance in order to complete the fields below.

Shaw Associate's Full Name (First, Middle, Last)

Shaw Associate's Employee ID Number (Ten digits - If your parent/guardian does not know their EIN, they can check with HR)

What is the eligible Shaw Associate's relationship to you?

- Father Mother Legal Guardian
- Step-Father Step-Mother Other

Shaw Associate's Hire Date Month, Day, Year

Shaw Facility Number _____

Shaw Facility Location (City, State)

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TERMS AND CONDITIONS

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand it is my responsibility to make sure the application process is complete by the required deadline. If not, the application may be disqualified from the awards competition and may not be considered for an award.

I understand any scholarship award is solely at the discretion of the program sponsor and/or The Community Foundation of NWGA. We reserve the right to alter or discontinue this program at any time without notice.

This application, upon receipt, becomes the property of the program sponsor and of The Community Foundation of NWGA.

I agree that the program sponsor and its agents may use my name, likeness, and/or biographical data as well as any other information or materials provided in connection with this program for purposes of news, publicity and advertising in all media, including but not limited to print and electronic media, press releases, internet websites, and video media.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby grant permission for school officials to release secondary school records and other requested information, if necessary.

If you are under 18, your parent or guardian must also agree to these Terms and Conditions.

I hereby certify that I (1) verified the accuracy of the information provided above and (2) have read and agree to be bound by the terms and conditions for submitting this application on behalf of myself and, if applicable, on behalf of my minor dependent listed below.

Yes No

Signature _____

Name of Minor Dependent (optional) _____