TENNESSEE SCHOOL PLANT MANAGEMENT ASSOCIATION SCHOLARSHIP GUIDELINES

The Tennessee School Plant Management Association offers an annual \$1000.00 scholarship as funds permit to children of "active" "participating" TSPMA members for a minimum of two (2) years under the following guidelines:

- 1 A graduating High School senior with a high school minimum GPA grade point average of 3.2 on a 4.0 scale, <u>ACT score of 21 or higher</u>, and a 94% attendance rate during their senior year.
- 2 A second year or above college student in good standing with a minimum 3.0 GPA grade point average.
- 3 A full-time student actively pursuing degree requirements in any state supported four year institution of higher education.
- 4 There can only be one TSPMA scholarship per family at a given time.

5 If the scholarship is awarded to a high school graduating senior and he/she continues to meet the criteria, the scholarship can be continued through the second year if funds are available. All documentation must be submitted to show qualifications prior to the **April 30th**, deadline. This person can then reapply for a third year and will be in competition with all other applicants, however priority will go to the first and second year students.

- 6 Achievements in academics, leadership and special awards will be considered in awarding these scholarships.
- 7 Deadline for these applications will be **April 30th**, of the current year.
- 8 The scholarship committee shall be composed of members of the Executive Committee appointed by the TSPMA president. However, no committee member can have a vested interest, or a child or grandchild apply for scholarship.
- 9 Application and Transcript Mail to: TSPMA

Attn: Joe Mike Akard

PO BOX 626

Blountville. Tennessee

37617

DEFINITIONS:

1 **ACTIVE:** A member whose dues is current and has been a member of TSPMA for at least two years.

2 **PARTICIPATING**: A member who attends the annual conference and at least (1) regional meeting, or serves on committees.

TENNESSEE SCHOOL PLANT MANAGEMENT ASSOCIATION TSPMA MEMORIAL SCHOLARSHIP APPLICATION

I. GENERAL INFORMATION

Name of Student:	,
Last First Middle	
High School:	Graduation Date:
Address:	City: Zip Code County
State	Zip Code County
Telephone# ()	Date of Birth//
	II. TSPMA MEMBER INFORMATION
Name of TSPMA Parent_	,
Last First	
Address	City
State	Zip Code County
Home Telephone#()_	Work Number#()
School System:	Position
	III. SCHOOL INFORMATION
Name of Institution to wh	ich the scholarship will apply:
Address	City
State	City Zip Code
Phone#: (
Extra Curricular Activities	IV. ACADEMIC INFORMATION College GPA: s (High School/College/Community):
Honors, Recognitions & A School/College/Communi	Awards Received (High
V. Please attach	remarks of 300 words or less explaining why you think you deserve this scholarship.
	VI. Please attach your latest Transcript
•	nd understand the eligibility criteria, and that all the this form or attached documents is true and correct.
Signature	, Date