NOTICE OF AVAILABILITY
OF
THE DIXIE CRYSTALS LEGACY SCHOLARSHIP

Provided by

The Imperial Sugar Company Retiree Club, Savannah Chapter, Inc.
Through The Savannah Community Foundation, Inc. (the “Foundation”)
For the Benefit of Nursing Students enrolled on the Armstrong Campus
of Georgia Southern University.

This is to advise students enrolled on the Armstrong Campus of Georgia
Southern University of the availability of the 2018-2019 Dixie Crystals Legacy
Scholarship.

*** Applications are due to the Financial Aid Office (Victor Hall 2nd Floor)
no later than Friday, March 16, 2018. ***

The purpose of the Dixie Crystals Legacy Scholarship is to encourage
commitment to educational excellence and to give financial assistance to students who
have been accepted into the School of Nursing on the Armstrong Campus of Georgia
Southern University.

The eligibility criteria are as follows:

1. Applicants must be enrolled on the Armstrong Campus and have been accepted
   into the School of Nursing.

2. Scholarships will be awarded without regard to race, sex, religion, age or
   national origin.

3. All applicants must submit the completed original application with supporting
   materials.

   The Armstrong Campus Office of Financial Aid and the School of Nursing each
will appoint a representative to review all scholarship applications received and remit
the top ten (in their opinion) candidates’ application to the Foundation no later than
March 30. The Foundation will notify Armstrong Campus Financial Aid Office of the
winner selected by the Dixie Crystals Legacy Scholarship Committee.

Scholarships will be awarded for the student’s tuition, room, board, fees, books
and/or other necessary educational expenses. Payment will be made to the institution
on behalf of the recipient in halves prior to the start of the following two semesters. If
the student withdraws and otherwise would be entitled to a tuition refund, the
(remaining) scholarship money must be returned to the Foundation for credit to the
Dixie Crystals Legacy Scholarship Fund.
The Dixie Crystals Legacy Scholarship

The Dixie Crystals Legacy Scholarship was established in 2012 by the Imperial Sugar Company Retiree Club, Savannah Chapter, Inc. (aka, the “Over the Sugar Hill Club”). The scholarship is in remembrance of fellow employees and associates killed and injured as a result of the explosion and subsequent fire on February 7, 2008 at the sugar refinery in Savannah, Georgia, and in recognition of the invaluable services of the nurses who aided the injured. The scholarship is funded by contributions from the Over the Sugar Hill Club, investment earnings and donations from others who wish to support the ideals and principles of the Dixie Crystals Legacy Scholarship.

This scholarship is open only to students enrolled on the Armstrong Campus of Georgia Southern University AND formally accepted into the School of Nursing. Applicants must have an overall GPA of 3.0 or better (on a 4.0 scale or equivalent) as verified by a school official on per below.

The top three applicants may be interviewed by the Scholarship Committee to make a final selection.

The Scholarship is in the amount of $1000, disbursable to the school in halves for the next two semesters only.

APPLICATION FORM

Please print or type.

Date: ____________________________

Name of Applicant: _______________________________________________________________

Street Address: ________________________________________________________________

City: __________________________ State: ___________ Zip Code: ______________

Telephone No.: (________) ___________ Email: _________________________________

Your Institutional ID No.: _______________________________________________________

Used for school purposes only

Complete and return this form to the Office of Financial Aid in Victor Hall by March 9, 2018.
(The Financial Aid Office will be responsible for submitting five (5) copies along with the original to The Savannah Community Foundation.)

ANY LATE OR INCOMPLETE APPLICATION PACKAGES WILL NOT BE PROCESSED
AND WILL NOT BE RETURNED FOR COMPLETION
Please type or print your response to each question below (using additional sheets if necessary).

PART A - YOUR ACTIVITIES AND EXPERIENCES

List activities or clubs in which you have participated in your college and/or community.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any honors or special awards you have received.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List the organizations for which you volunteer.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any Professional Organizations of which you are a member.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PART B - YOUR CURRENT AND FUTURE PLANS

Describe your present educational goals and why you should be the recipient of this scholarship.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe your long-term career goals.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
PART C – OTHER SCHOLARSHIPS OR GRANTS
List scholarships and/or grants you have been awarded to help with the costs of nursing school:

Scholarship/Grant ___________________________________________ Amount $ __________________________
Scholarship/Grant ___________________________________________ Amount $ __________________________
Scholarship/Grant ___________________________________________ Amount $ __________________________
Scholarship/Grant ___________________________________________ Amount $ __________________________

PART D – RELATIONSHIP TO SAVANNAH SUGAR REFINERY
Do you have any family member(s), past or present that have been or currently are employees of the sugar refinery in Savannah, Georgia? _____Yes _____No

If yes, please identify the person(s).

________________________________________________________________________

________________________________________________________________________

PART E – TO BE COMPLETED BY THE SCHOLARSHIP COORDINATOR FOR THE ARMSTRONG CAMPUS OF GEORGIA SOUTHERN UNIVERSITY

Verified Overall G.P.A. ________ Institutional Hours Earned ________

School Official’s Name and Title (Please Print) __________________________________________

School Official’s Signature & Date __________________________

PART F – APPLICANT CERTIFICATION

I hereby certify that the information contained in this Application Form (including attachments) is true, correct and complete.

__________________________
Signature of Applicant

Date: __________________________

Revised 2018
NOTICE OF ELIGIBILITY
DIXIE CRYSTALS LEGACY SCHOLARSHIP APPLICANT
To: The Savannah Community Foundation, Inc.
2225 Norwood Avenue, Suite B
Savannah, GA 31406

Contact at Armstrong Campus
Name: ___________________________  Applicant: ___________________________
Tel. No.: __________________________ Address: ___________________________
Email: __________________________  __________________________

Email: __________________________  Student ID No. : __________________________

I hereby certify that I have verified this applicant is enrolled on the Armstrong Campus of
Georgia Southern University and has been accepted into the School of Nursing. I have reviewed
this application and accompanying materials and believe them to be correct and complete.

Financial Aid Office Representative
Sign Name_________________________  Sign Name_________________________
Print Name_________________________  Print Name_________________________
Print Title_________________________

For Scholarship Committee use

(30) Academic achievement
(30) Professional appearance of application
(neatness, format, spelling, grammar)
(20) Clearly defined career goals
(10) Participation in college and community activities
(5) Memberships in professional organizations
(5) Family member of an employee of the sugar refinery in Savannah, GA

Total Points

Revised 2018