

THE SALVATION ARMY
Southern Territorial Headquarters
HANDS SCHOLARSHIP
"Helping and Needy and Deserving
Student"



Type or Print Please

Full Name: _____ Social Security #: _____

Address: _____

Phone Number: _____ Email Address: _____

Married: _____ Present Age: _____ Date of Birth: _____

Name of School: _____ Major: _____

School Address: _____ Estimated Graduation Date: _____

Is this college accredited? _____ Is this a 4-year college? _____

Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____
(1st Year) (2nd Year) (3rd Year) (4th Year)

Are grades attached _____

Please attach the most recent grades reflecting the Cumulative GPA. If you are a freshman please attach your senior grades from High School reflecting all semesters. Applications with no grades attached will not be processed.

Do you have plans to enter The Salvation Army College for Officers Training? _____

What Corps do you attend? _____

What are your academic and career aims? _____

Name of Parent(s)? _____

By signing below you acknowledge that you understand and comply with the following requirements of the HANDS Scholarship:

1. Acceptance at an Accredited Academic or Vocational College.
2. You must carry a full-time study program each semester, so that you will graduate in four (4) years.
3. You must maintain a 2.0 Cumulative Grade Point Average or above during the entire school term.
4. You must reply promptly to any request for information from The School for Leadership and Educational Development (via email or phone).
5. Funds are disbursed fall and spring semesters in the amount of \$1,100; it is our intention to continue such grants until your undergraduate work is complete, provided that you submit your transcript and a thank you note to the donors at the completion of each semester.
6. Attach a copy of your government issued photo identification to this application.
7. You may be placed on a wait list for up to two years until a spot becomes available. There is no need to re-apply, you will be notified via email and requested to submit an updated transcript.

I do understand and I will comply with the above requirements.

Date: _____

Applicant's Signature: _____

Date: _____

Commanding Officer's Signature: _____

Commanding Officer's Printed Name: _____

Student's Name: _____

TENTATIVE BUDGET WORKSHEET

College Year Fall 20__ to Spring 20__

INCOME

FROM PARENTS/LEGAL GUARDIAN: _____

OFFICER CHILD SCHOLARSHIP/GRANT: _____

SAVINGS: _____

EMPLOYMENT SCHOLARSHIPS: _____

OTHER LOANS, SCHOLARSHIPS, OR INCOME: _____

THE AMOUNT OF THIS SCHOLARSHIP: _____

TOTAL: _____

EXPENSE

TUITION: _____

BOOKS/SUPPLIES: _____

ROOM & BOARD: _____

MEDICAL & DENTAL: _____

TRAVEL/TRANSPORTATION: _____

INSURANCE: _____

OTHER EXPENSES (SPECIFY): _____

TOTAL: _____

IMPORTANT PROCESSING INFORMATION

As a recipient of TSA scholarships, to receive funding the School for Leadership and Educational Development ask that you complete Page 3 of this application which is the direct deposit form. It is important to make sure that you include the correct banking information (i.e. your name, routing number, account number), otherwise the deposit of these funds will be rejected by the banking institution. Also, please be aware that the account *must* be in your name. The territory finance department cannot process the form if the account is not in the name of the recipient. If there is a chance that your application is not approved by the Territorial Education Council, Page 3 of this application will be destroyed.



DOING THE MOST GOOD

The Salvation Army USA Southern Territory Territorial Finance Department

DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

The Salvation Army will electronically deposit your payments into your bank or credit union. (If direct deposit setup is not complete, the first payment will be by check sent through the US Mail.) The Territorial Finance Department will notify you via email when payment has been issued. The direct deposit system normally settles into your account in 1 or 2 business days after issuance.

1. Complete the information in boxes A, B, and C below to enroll in or change your direct deposit.
2. Enclose a voided check, if available.
3. Sign and date here: I authorize The Salvation Army to deposit payments to my account at the depository institution listed below. I authorize The Salvation Army to debit my account only for the purpose of correcting an amount erroneously credited to my account. I understand it is my responsibility to verify that payments issued by The Salvation Army have been credited to my account before attempting to draw on the funds. I understand that this authorization will remain in effect until I change my account number and notify The Salvation Army Territorial Finance Department in writing by completing a Direct Deposit Enrollment/Change Form.

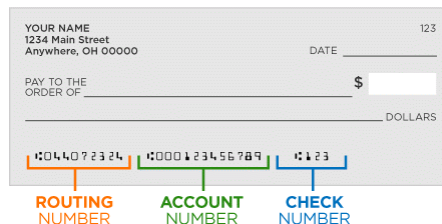
Signature _____

Date _____

4. Mail to:

Confidential

**The Salvation Army
ATTN: Territorial Financial Secretary
1424 Northeast Expy NE
Atlanta, GA 30329**



5. Send a new form when your banking information changes. Email ussachpayments@uss.salvationarmy.org with any questions.

A. Your Information as Registered with the Bank or Credit Union																															
Your Last Name <input style="width: 95%;" type="text"/>	Your First Name <input style="width: 95%;" type="text"/>																														
Your Address <input style="width: 98%;" type="text"/>																															
B. Direct Deposit Information																															
Bank Name <input style="width: 95%;" type="text"/>	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>																														
Bank Routing Number <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Bank Account Number (you may not need all these boxes) <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
C. Your Email Address (for payment notification) <input style="width: 98%;" type="text"/>																															