By filling out the following information, you are officially applying to the SCHOLARS Program and asking for tuition assistance. The questions below will be reviewed by the SMS Cares committee to help determine if your request will be approved or declined. Please ensure you have read and understood the eligibility, program limit, and payment of scholarship information before you apply and submit your SCHOLARS Program Application.

NAME (MR/MS) LAST FIRST MI

ADDRESS Payroll I.D. # ­­­­­­­

CITY STATE ZIP

DAYTIME PHONE ( ) MOBILE PHONE ( )

COMPANY  Block by Block  CSC  SMS  WTC Ventures *(U.S. employees only)*

LOCATION NAME AND #

POSITION LENGTH OF EMPLOYMENT

**Course Information**

Number of Hours Regularly Scheduled to Work Each Week:

Name of School Enrolled:

Start Date of Semester\Term:

End Date of Semester\Term:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Course Name | Indicate Days Classes are Held | | | | | | |
| MON | TUE | WED | THU | FRI | SAT | SUN |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Please submit school-issued copy of class schedule and receipts for tuition, fees, books/materials.

Manager Name Manager Phone Number

Application completed by Date

**HOW TO SUBMIT**

**Submit to your Manager and have them email it to smscares@smsholdings.com**

OR

**Mail to** SMS Cares Fund

7135 Charlotte Pike, Suite 100

Nashville, TN 37209

OR

**Fax to** 1-866-216-9065

Attn: SMS Cares Fund