



Application for SCHOLARS Program



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 _____ SS# or 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

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