

# 2022 SHAW DEPENDENT SCHOLARSHIP PROGRAM

This scholarship was created to help the dependents of Shaw associates realize their dreams of continuing their education at a college, university or technical school. Students must exhibit a passion for creating a better future for themselves and their communities.

## APPLICATION PROCESS:

- To apply, please have the student/dependent complete the application below before 3/15/2022.
- Submit a PDF or photo of his or her transcript (showing grades through the current term/semester) to [scholarship@shawinc.com](mailto:scholarship@shawinc.com). Please use the full applicant name as the email subject.
- Submit a photo of the applicant (headshot or graduation photo format is preferred) to [scholarship@shawinc.com](mailto:scholarship@shawinc.com).
- After the deadline, the scholarship committee will review and recommend scholarship recipients.

## SCHOLARSHIP DETAILS:

- A one-time education award for high school or secondary school completing their final year, attending a two-year or four-year college, university or technical school.
- In order to expand the number of scholarships offered beyond the IRS limits, these will be paid as a taxable dependent education award to the associate through payroll. The education award is required to be used for the purpose of furthering the dependent's education.
- This program may be discontinued at any time without notice.

## APPLICANT ELIGIBILITY:

- Applicant must be a high school senior or completing the final year of secondary school (or educational equivalent).
- Must be the dependent of a Shaw Industries associate who has been actively employed within any division of Shaw Industries for at least six consecutive months as of March 15, 2022. Dependents qualify to apply, even if not currently covered under Shaw insurance.
- Must have a cumulative high school (or educational equivalent) grade point average of at least 2.5 on a 4-point scale (or similar grading scale).
- Must enroll by the end of the year as a student in a full-time program of study at attending a two-year or four-year college, university or technical school.

## Questions?

Email [scholarship@shawinc.com](mailto:scholarship@shawinc.com)



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## APPLICANT INFORMATION

Please provide applicant (eligible Shaw dependent) information in this section. Application should be completed by the student/dependent, NOT the Shaw associate.

Applicant's Full Name (First, Middle, Last)

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Applicant's Mailing Address (Street, City, State, Zip Code)

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Applicant's Phone Number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

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What is the gender of the applicant?

☐ Female ☐ Male ☐ Prefer not to say ☐ Other

Which categories best describe the applicant? (Select all that apply)

☐ White / Caucasian ☐ American Indian or Alaska Native  
☐ Hispanic, Latino or Spanish origin ☐ Middle Eastern or North African  
☐ Black or African American ☐ Other \_\_\_\_\_  
☐ Asian

What is your T-shirt Size?

☐ XS ☐ L ☐ 3XL  
☐ S ☐ XL ☐ 4XL  
☐ M ☐ 2XL ☐ Other \_\_\_\_\_

## SHAW ASSOCIATE INFORMATION

This section requires knowledge of information related to the employment of the Shaw Associate who makes you eligible for this award. You may need assistance in order to complete the fields below.

Shaw Associate's Full Name (First, Middle, Last)

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Shaw Associate's Employee ID Number (Ten digits - If your parent/guardian does not know their EIN, they can check with HR)

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What is the eligible Shaw Associate's relationship to you?

☐ Father ☐ Mother ☐ Legal Guardian  
☐ Step-Father ☐ Step-Mother ☐ Other \_\_\_\_\_

Shaw Associate's Hire Date Month, Day, Year

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Shaw Facility Number (Ex: Plant 71, Sales, etc.)

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Shaw Facility or Home Office Location (City, State)

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## ACADEMICS

Please submit a PDF or photo of your transcript (showing grades and GPA through the current term/semester) to [scholarship@shawinc.com](mailto:scholarship@shawinc.com). This transcript does not need to be official, but it must contain the applicant's full name and the name of the school.

What is your current GPA (on the 4.0 GPA scale)? \_\_\_\_\_

Name of current High School / Secondary School / Home School \_\_\_\_\_

What date do you graduate from High School / Secondary School / Home School? \_\_\_\_\_

First choice post-secondary school \_\_\_\_\_

Second choice post-secondary school \_\_\_\_\_

## SHORT ESSAY

Only the first 250 words of each question will be reviewed by the scholarship panel, so please limit your submission to 250 words maximum.

**Share an example of how you are working to Create a Better Future for your community. This can be though a service project, community outreach, school extracurricular, etc.**

**In your example, what were your individual key contributions? What did you learn from the project and what was the impact?** (250 words maximum)

[illegible]

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[illegible]

## TERMS AND CONDITIONS

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the award competition.

I understand it is my responsibility to make sure the application process is complete by the required deadline. If not, the application may be disqualified from the awards competition and may not be considered for an award.

I understand any award is solely at the discretion of the program sponsor. We reserve the right to alter or discontinue this program at any time without notice. This application, upon receipt, becomes the property of the program sponsor.

I agree that the program sponsor and its agents may use my name, likeness, and/or biographical data as well as any other information or materials provided in connection with this program for purposes of news, publicity and advertising in all media, including but not limited to print and electronic media, press releases, internet websites, and video media.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby grant permission for school officials to release secondary school records and other requested information, if necessary.

If you are under 18, your parent or guardian must also agree to these Terms and Conditions.

I hereby certify that I (1) verified the accuracy of the information provided above and (2) have read and agree to be bound by the terms and conditions for submitting this application on behalf of myself and, if applicable, on behalf of my minor dependent listed below.

☐ Yes    ☐ No

Signature (must be completed by a parent if the applicant is under 18 years old) \_\_\_\_\_

Name of Minor Dependent ((if the applicant is under 18 years old) \_\_\_\_\_