

CENTRAL CAROLINA  
Community Foundation

Name: \_\_\_\_\_  
Last  
\_\_\_\_\_  
First

## Central Carolina Community Foundation Scholarship Application Cover Sheet

For the convenience of applicants, students may be considered for multiple awards through this single application. However, be sure to consult the *Required Additional Information* section of the application to be sure you submit all necessary information.

### APPLICATION DUE

Must be in the Community Foundation office by 5:00 p.m. March 15.  
If this date falls on a Saturday, Sunday or holiday, the materials  
are due by 5:00 p.m. the following business day.

*You will be considered for the scholarship(s) you have marked below.*

<input type="checkbox"/> James A. Broome Scholarship	<input type="checkbox"/> LinkScholars Program
<input type="checkbox"/> Zack and Rachel Clarkson Scholarship	<input type="checkbox"/> Grace Brooks and E. Perry Palmer Scholarship
<input type="checkbox"/> Daughters of the Holy Cross – Sara Hempley Scholarship	<input type="checkbox"/> The Pierce/Zimmerman Scholarship
<input type="checkbox"/> First Choice Member Scholarship	<input type="checkbox"/> Rogers and Meredith College Fund
<input type="checkbox"/> Handel-Carter Assistance Fund	<input type="checkbox"/> Bobbi Rossi Memorial Scholarship
<input type="checkbox"/> William S. and Elizabeth B. Heath Scholarship	<input type="checkbox"/> Louetta Slice Scholarship
<input type="checkbox"/> Dr. Robert Howard/WHS Scholarship	<input type="checkbox"/> Smart Matters Scholarship
<input type="checkbox"/> Estelle Jones Memorial Scholarship	<input type="checkbox"/> H. Eugene Webb Jr. Scholarship
<input type="checkbox"/> Estelle Jones Non-Traditional Students Scholarship	<input type="checkbox"/> Woodlands' Families Scholarship

**Only complete applications with all documentation will be accepted.  
See "Scholarship Awards: How to Apply" for detailed instructions.**

# Scholarship Awards: How to Apply

## 1. Determine scholarships for which you are eligible and want to apply

- Review descriptions of *all* Central Carolina Community Foundation scholarships under the Students section of our Web site, [www.yourfoundation.org](http://www.yourfoundation.org). Check those scholarships for which you would like to apply on the cover sheet of this application.

## 2. Prepare all application materials well in advance

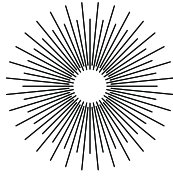
- Request two (2) scholarship recommendations from teachers, supervisors, colleagues or community members. **Request at least 2 weeks in advance. Must be delivered in a sealed envelope with signature.**
- Request one (1) official, cumulative transcript from the school you most recently attended. **Request at least 2 weeks in advance.**
- Fill out the Scholarship Application Form. Attach additional sheets if you need more space.
- Compose a thoughtful personal statement (of up to 400 words) that will help committee members learn about your personal history, perspectives, goals and interests. Be sure to include your education plans and career goals. **This is a very important part of the application because it helps committee members get a sense of who you are.** Some scholarships require a specific essay (see Required Additional Information at the end of this application).
- If applying for scholarships where financial need is a consideration, complete the Free Application for Federal Student Aid (FAFSA) for the current year. You may access it at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Attach the Student Aid Report showing your Expected Family Contribution (EFC).

## 3. Compile the Application Packet. *Please submit one original, unstapled, complete application packet. Include the following attachments in the following order:*

- Scholarship Cover Sheet (Check next to the scholarships for which you want to apply.)
- Combined Scholarship Application Form (4 pages)
- Personal statement (and/or essay(s) as required for certain scholarships)
- Student Aid Report (if applying for scholarships where financial need is a consideration)
- An official, cumulative transcript from the most recent school attended (if in college less than one year, also send high school transcript)
- Two scholarship recommendation forms (may be used for all scholarships)

**Mail to: Central Carolina Community Foundation  
2711 Middleburg Drive, Suite 213  
Columbia, SC 29204**

*(NOTE: If you supplied an email address, we will email you with confirmation that your scholarship application materials have been received. Alternatively, you may enclose a stamped, self-addressed postcard with your application that we will send back upon receipt of your packet.)*



CENTRAL CAROLINA  
Community Foundation

## Scholarship Application Form

### SECTION 1: APPLICANT INFORMATION

Name: \_\_\_\_\_  
FIRST MI LAST

Address: \_\_\_\_\_  
STREET ADDRESS APT # CITY STATE ZIP

Home phone (with area code): \_\_\_\_\_ Gender (circle): M F

Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No  
(If no, enclose a copy of your permanent resident card or passport I-551 – not expired)

Country of birth: \_\_\_\_\_ Parents country of birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

<b>Dependent student:</b> claimed by your parents, guardian or other persons as a dependent on income tax filing.
<b>Independent student:</b> born prior to 1/1/1986; married or attending a graduate or professional program; have legal dependents; an orphan or ward of the court; or a veteran of the U.S. Armed Forces.

I am a(n) dependent \_\_\_ independent \_\_\_ student.

Marital status:  Married  Single  Divorced  Separated  Widowed

Number of dependents you and your spouse are supporting: \_\_\_\_\_ (include yourself)

Number of dependents you as a single person are supporting: \_\_\_\_\_ (include yourself)

Ethnic Group: (please check one)

- African American/Black  American Indian/Native American  Asian or Pacific Islander  
 Caucasian/White  Hispanic/Latino  Other \_\_\_\_\_

Name: \_\_\_\_\_

**SECTION 2: ACADEMIC INFORMATION**

Highest grade completed (as of spring): \_\_\_\_\_ Last school attended: \_\_\_\_\_

Cumulative Grade Point Average (GPA): \_\_\_\_\_

SAT score: \_\_\_\_\_ ACT score: \_\_\_\_\_

College/university/vocational school you plan to attend in fall: \_\_\_\_\_

Have you been accepted?  Yes  Not yet What will be your field of study? \_\_\_\_\_

I will be attending  Full time  Part time. How many credit hours do you plan to take? \_\_\_\_\_ (per semester)

What level will you be starting in fall (freshman, sophomore, junior or senior)? \_\_\_\_\_

If you are initiating a vocational training course, how long will the course take? \_\_\_ Yr.(s) \_\_\_ Mos.

How much will your program cost for a single year? (include tuition and fees only) \$ \_\_\_\_\_

How much will books, supplies and equipment cost? \$ \_\_\_\_\_

What is your projected graduation or completion date? (mm/yy) \_\_\_\_\_ / \_\_\_\_\_

What degree or certification do you expect to receive? \_\_\_\_\_

**SECTION 3: HOBBIES/ACTIVITIES/VOLUNTEER EXPERIENCE**

List community volunteer activities you have participated in (within the past five years): (Use additional pages if necessary.)

Activity/Organization	Date From	Date To	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special talent or marketable skill you would like to develop: \_\_\_\_\_

List any of your hobbies, activities and/or interests: \_\_\_\_\_

List any special recognition or awards you have received: \_\_\_\_\_

Name: \_\_\_\_\_

**SECTION 4: FINANCIAL INFORMATION**

List financial aid sources

Source	Type	Amount
Grants		\$
Scholarships		\$
Loans		\$
Trust funds		\$
Tuition reimbursement (employer)		\$
Parents' (or other family) contribution		\$
Student's contribution		\$
Employer contribution		\$
Other		\$

**SECTION 5: EMPLOYMENT HISTORY**

Please list your three most recent employers, starting with your current employer.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Status:  Full time  Part time  Temporary  Day labor Length of employment: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Status:  Full time  Part time  Temporary  Day labor Length of employment: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Status:  Full time  Part time  Temporary  Day labor Length of employment: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Name: \_\_\_\_\_

Where did you hear about Central Carolina Community Foundation and its scholarship opportunities?

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**APPLICATION CERTIFICATION**

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

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APPLICANT SIGNATURE

DATE

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DEPENDANT APPLICANT PARENT OR LEGAL GUARDIAN

DATE

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**Mail your application to:**

**Central Carolina Community Foundation  
2711 Middleburg Drive, Suite 213  
Columbia, SC 29204**

**Call 803.254.5601 x326 if you have questions.**

# Required Additional Information

Certain scholarships require additional information. This information must be included with this application form in order for the student to be considered.

- **First Choice Member Scholarship**

Membership Number: \_\_\_\_\_

- **William S. and Elizabeth B. Heath Scholarship**

Name of parent employed by Carolina Coca Cola Bottling Co. \_\_\_\_\_

- **Rogers and Meredith College Fund**

- I qualify for the Rogers and Meredith College Fund because I am a:

- legal dependent of an employee of Consolidated Systems, Inc.
- student at a Residential Facility
- student in a Communities in Schools' Program
- student at the South Carolina Department of Juvenile Justice
- student at the South Carolina Governor's School for Science and Mathematics
- client of the Children's Advocacy Center of Spartanburg
- client of Magdalene Inc.
- member of Forest Lake Presbyterian Church
- member of Trenholm Road United Methodist Church
- student at Columbia College

**A. Consolidated Systems, Inc. Employee Information**

Name of Employee: \_\_\_\_\_ Hiring Date: \_\_\_\_\_

Relationship to Applicant (Parent, Stepparent, etc.): \_\_\_\_\_

Employee's Work Department: \_\_\_\_\_

**B. Clients of Children's Advocacy Center of Spartanburg or Magdalene, Inc.**

Contact Person at Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

**C. Students in Residential Facilities or Communities in Schools' Programs**

Name of Facility or Program: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- **Smart Matters Scholarship Fund**

- I qualify for the Smart Matters Scholarship Fund because I attended:

- A.C. Moore Elementary
  - Arden Elementary
  - Bradley Elementary
  - Burton-Pack Elementary
  - Caughman Elementary
  - Lewis-Greenview Elementary
  - Meadowfield Elementary
  - Mill Creek Elementary
  - Pine Grove Elementary
  - South Kilbourne Elementary

- Applications must be accompanied by an essay, written by the applicant, tied to the mission and vision statement of the Junior League of Columbia, Inc. The mission of the Junior League of Columbia is to develop, promote and train volunteers who can fulfill our vision “to strengthen the health and well-being of children and families in the Midlands.” Briefly discuss the impact of volunteer service and how you plan to serve your community in the years to come.

- **H. Eugene Webb Jr. Scholarship Fund**

- Applicant must submit a creative, imaginative composition on the following prompt: Tell how a particular person influenced your life and/or career aspirations.
  - Applicant must furnish a statement, signed by the applicant, that the composition is of his/her own creation. The statement must be co-signed by the teacher assisting the student in the application process.

- **Woodlands’ Families Scholarship Fund**

- Applicant must be able to establish lineage to one of the enslaved families at Woodlands Plantation.
  - If there is no applicant available that is a descendent of enslaved families of Woodlands Plantation, a student in Bamberg County that meets all of the remaining criteria will be eligible for the scholarship award.

## Central Carolina Community Foundation Scholarship Recommendation Form

The student whose name appears below is applying for a scholarship from Central Carolina Community Foundation. Your candid assessment of the applicant will assist the Scholarship Selection Committee in its evaluation, and we thank you for your time and effort. Use additional pages if needed. Please return this completed recommendation to the applicant in a sealed envelope with your signature on the back seal.

**Student's Name** \_\_\_\_\_

1. How long and in what capacity have you known the applicant?

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2. What do you consider to be the applicant's talents and strengths?

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3. What do you consider to be the applicant's weaknesses or developmental needs?

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4. Please rate the applicant on a scale of 1 (lowest) to 5 (highest) in terms of the qualities listed below:

Character/Reputation	1	2	3	4	5
Leadership Potential	1	2	3	4	5
Interpersonal Relationships	1	2	3	4	5
Personal Maturity	1	2	3	4	5
Motivation	1	2	3	4	5
Dependability	1	2	3	4	5
Cooperation	1	2	3	4	5

5. Please comment on the ratings that you assigned and make additional statements about the applicant's record, potential, or personal qualities that you believe would be helpful to the Scholarship Selection Committee in considering this applicant's application for this scholarship.

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Recommender's Signature: \_\_\_\_\_

Recommender's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

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Dependability	1	2	3	4	5
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5. Please comment on the ratings that you assigned and make additional statements about the applicant's record, potential, or personal qualities that you believe would be helpful to the Scholarship Selection Committee in considering this applicant's application for this scholarship.

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Recommender's Signature: \_\_\_\_\_

Recommender's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_