

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"/> Lester L. Bates 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"/> Handel-Carter Assistance Fund | <input type="checkbox"/> Rogers and Meredith College Fund |
| <input type="checkbox"/> William S. and Elizabeth B. Heath Scholarship | <input type="checkbox"/> Bobbi Rossi Memorial 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. 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

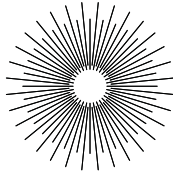
- Request two (2) scholarship recommendations from teachers, supervisors, colleagues or community members. **Request at least 2 weeks in advance. Must be delivered in a sealed envelope with signature.**
- Request one (1) official, cumulative transcript from the school you most recently attended. **Request 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. 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, Attn: Program Officer,
2711 Middleburg Drive, Suite 213 Columbia, SC 29204**

(NOTE: If you supplied an e-mail address, we will e-mail 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: _____

| |
|--|
| Dependent student: claimed by your parents, guardian or other persons as a dependent on income tax filing. |
| Independent student: 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?

APPLICATION CERTIFICATION

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

APPLICANT SIGNATURE

DATE

DEPENDANT APPLICANT PARENT OR LEGAL GUARDIAN

DATE

Only complete applications with all documentation will be accepted.

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.

Mail your application to:

**Central Carolina Community Foundation
Attention: Program Officer
2711 Middleburg Drive, Suite 213
Columbia, SC 29204-2486**

Call 803.254.5601 x331 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.

- **Rogers and Meredith College Fund**

- o 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**

- o 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.

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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?

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

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

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.

Recommender's Signature: _____

Recommender's Name (please print): _____ Date: _____

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|-----------------------------|---|---|---|---|---|
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| 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.

Recommender's Signature: _____

Recommender's Name (please print): _____ Date: _____