



CENTRAL CAROLINA  
Community Foundation

## Scholarship Renewal Form

2711 Middleburg Drive • Suite 213 • Columbia, SC 29204  
803.254.5601 x331

*Applications must be in the Community Foundation office by February 10. If this date falls on a Saturday, Sunday or holiday, the materials are due by 5:00 p.m. the following business day.*

### I. Student Background Information

Student Name: \_\_\_\_\_  
Last First MI

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City

\_\_\_\_\_ State ZIP Phone #

College Address: \_\_\_\_\_  
Street City

\_\_\_\_\_ State ZIP Phone #

Date of Birth: \_\_\_\_\_ Male  Female

### II. Scholarship

<input type="checkbox"/> Lester L. Bates Scholarship	<input type="checkbox"/> LinkScholars Program
<input type="checkbox"/> Daughters of the Holy Cross – Sara Hempley Scholarship	<input type="checkbox"/> Grace Brooks and E. Perry Palmer Scholarship
<input type="checkbox"/> Handel-Carter Assistance Fund	<input type="checkbox"/> The Pierce/Zimmerman Scholarship
<input type="checkbox"/> William S. and Elizabeth B. Heath Scholarship	<input type="checkbox"/> Rogers and Meredith College Fund
<input type="checkbox"/> Estelle Jones Memorial Scholarship	<input type="checkbox"/> Bobbi Rossi Memorial Scholarship
<input type="checkbox"/> Estelle Jones Non-Traditional Students Scholarship	<input type="checkbox"/> Woodlands Families' Scholarship Fund

**III. Educational Institution Information**

Enclose an *official* copy of your fall transcript. Submit spring transcript *immediately* after receipt. Renewal of this scholarship is based on maintaining the required GPA.

Funds are sought for attendance at: \_\_\_\_\_  
College or University

Where I am: Accepted  Awaiting a decision  Enrolled

When do you anticipate graduating? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Director of Financial Aid: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**IV. Family Information**

Name: \_\_\_\_\_  
Father Mother

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

**V. Extracurricular Activities – List all activities, honors and awards while in college.**

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**VI. Application Certification**

I declare that the information reported is true, correct and complete to the best of my knowledge.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_