

The South Carolina Education Association-Retired
2017-2018 Scholarship Application Form

Must be postmarked by March 15, 2018

Name _____

Last

First

Middle

Social Security Number (last four digits) XXX-XX-_____ Date of Birth _____

Home Address _____

_____ Telephone _____

School _____

School Address _____

High School Graduation Date _____ Awards Day _____

Please request that your guidance counselor mail this application with all requested information, postmarked by March 15, to:

The South Carolina Education Association-Retired Scholarship Committee
421 Zimacrest Dr,
Columbia, SC, 29210

Please attach the following items to this application:

- Short essay (250-300 words) on "My Choice of Teaching as a Profession"
- Sealed recommendation letters from two persons, one of which must be from a teacher or guidance counselor.
- Official high school transcript must include:
 - junior year and first semester grades of senior year,
 - class rank at end of first semester of the senior year
 - and SAT or ACT scores.
- Parents confidential report of financial status (form is provided)

Parent Confidential Report of Financial Status of Family

Applicant's Name _____

Father or Male Guardian _____

Employed at _____

Average monthly income (*omit if not contributing financially*) _____

Mother or Female Guardian _____

Employed at _____

Average monthly incomes (*omit if not contributing financially*) _____

Total monthly income (*Include child support, if any received*) _____

Total average monthly expenditures _____

List all children and ages: _____

List any children attending college: _____

List any other persons receiving financial support from the family:

Have you applied for any other scholarships? _____ If so, which ones?

Why do you need financial assistance and explain any special family circumstance(s) regarding the need for financial assistance:

Signature of Parent or Guardian: _____