



## children's relief fund

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# COMMON APPLICATION FORM FOR SELECTED SCHOLARSHIPS

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These scholarships are available to high school students and home-schooled students. This scholarship application form **must be submitted to each selected scholarship provider** or to your school's Guidance Office, if the school has agreed to receive applications for the scholarship provider. See General Instructions below for additional information about completing this application. You can find specific information about each scholarship at **[www.lowcountryscholarshipdirectory.org](http://www.lowcountryscholarshipdirectory.org)** or from your school's Guidance Office.

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### GENERAL INSTRUCTIONS TO APPLICANT

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1. Make a copy of the blank application form and complete a draft copy first.
2. Return a typed or neatly printed application to your high school guidance counselor by the deadline due date. This application is the first impression you will make upon those who award scholarships.
3. Check with your guidance counselor and/or the scholarship provider concerning additional requirements. Certain scholarships require additional information such as the FAFSA application, written essays, or specific financial documents.

#### 1. PERSONAL INFORMATION

Full name of applicant \_\_\_\_\_ Nickname \_\_\_\_\_  
Home telephone number \_\_\_\_\_ Email address \_\_\_\_\_  
Present home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Number of years lived in Beaufort County \_\_\_\_\_ Citizenship \_\_\_\_\_  
Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## 2. FAMILY INFORMATION

Mother's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Street address \_\_\_\_\_  
City,ST,Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

Father's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Street address \_\_\_\_\_  
City,ST,Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

### **Name and ages of siblings/other dependents. Indicate what school(s) they attend.**

Name	Relationship	Age	School or college/years attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 3. EDUCATION

- a) Name all secondary and/or technical schools you have attended in the last five years. List the school you are presently attending first.
  
  
  
  
  
- b) How many years do you plan to attend college, and what course of study would you like to pursue?
  
  
  
  
  
- c) What future business or educational career will you likely pursue after finishing college?
  
  
  
  
  
- d) What college(s) would you most like to attend? Please explain your reason.
  
  
  
  
  
- e) What colleges have you applied to for admission? Please indicate acceptance status.

- f) List scholarships, grants or loans for which you have applied, and check the ones you plan to use. Indicate funding amount you will receive.

<b>Name</b>	<b>Amount</b>	<b>Plan to use</b>
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**4. ACADEMIC, ATHLETIC, SERVICE, AND EXTRA ACTIVITIES. USE ADDITIONAL PAGES OR ATTACH RESUME FOR SECTIONS 4A, 4B, AND 4C.**

- a) List academic awards, achievements and dates.

- b) List participation in athletic activities.

- c) List participation in community service and extra-curricular activities.

**5. EMPLOYMENT HISTORY**

List jobs you have held in the last three years.

<b>Employer</b>	<b>Dates</b>	<b>Hours per week</b>	<b>Position</b>	<b>Salary</b>
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**6. YOUR EXPECTED COST OF COLLEGE:**

Please provide the following information for each school that you apply.

	College_____	College_____	College_____	College_____
<i><b>Tuition</b></i>				
<i><b>Room/board</b></i>				
<i><b>Books/supplies</b></i>				
<i><b>Clothing/personal</b></i>				
<i><b>Entertainment</b></i>				
<i><b>Transportation</b></i>				
<i><b>Scholarship money available?</b></i>				
<i><b>Total Annual Cost</b></i>				

**7. FINANCIAL NEED SUMMARY**

- a) Complete this section regarding Estimated Combined Net Income of you, your parent(s) or guardian(s) for the current year. Please attach a copy of your and your parent's most recent Federal Income Tax statement to the back of this application form.

<b>Name of person</b>	<b>Income and year</b>	<b>Total annual income</b>

- b) Have you filed a FAFSA (Free Application for Federal Student Aid)? If so, please submit a returned copy showing your EFC (expected family contribution).
  
- c) Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your college tuition. Use additional pages if necessary.

## 8. TRANSCRIPT HISTORY

This section is to be completed by your principal or guidance counselor. Attach a certified transcript of the student's high school record to this sheet.

Ranking in senior class: \_\_\_\_\_ of \_\_\_\_\_

GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale

Best Combined SAT Score: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Best ACT Score: Date \_\_\_\_\_ Score \_\_\_\_\_

**Signature of principal or guidance counselor** \_\_\_\_\_

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**I do state the above information is accurate to the best of my knowledge.**

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

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