

JOSEPH C. RODGERS MEMORIAL FUND SCHOLARSHIP

SCHOLARSHIP APPLICATION

APPLICANT'S NAME: _____ TELEPHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ SEX: Male ` Female LAST FOUR OF SSN#: _____

SCHOOL CURRENTLY ATTENDING: _____

WHEN WILL YOU GRADUATE? _____

1. Please list school activities or organizations in which you participated. Include offices held in local, state, and national organizations.

2. Briefly describe any community service activities or organizations in which you participated. Include offices held in local, state and national organizations.

3. Please identify the school(s) and course of study you plan to pursue and for which you are requesting financial assistance.

Have you applied? _____ Have you been accepted for admission? _____

Have you taken the SAT/ACT? _____ Score: SAT: _____ ACT: _____

4. Are you a resident of Florence County? _____ How long have you been a resident? _____

5. **Attach a copy of your transcript reflecting you cumulative GPA and individual course grades for the year preceding this application.**

6. Identify the amount and source of funds available for you to pursue your education. For example, family, veteran's benefits, relative, social security, etc.

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7. Name, addresses and telephone numbers of three references (**DO NOT USE RELATIVES**).
A letter of reference from at least one person must be submitted with the application

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

8. Please submit an essay three to five typed pages (double spaced), reflecting what you perceive to be the importance of community service. Make sure to address the following:

- What is the value of serving your community?
- What has community service meant to you?
- What volunteer work have you done?
- Why did you choose to volunteer in that particular field of community service?
- Who benefited from your work and how?

I certify that all information contained in this application is true and factual.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

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GUIDELINES FOR APPLICATION

TO THE APPLICANT:

This scholarship is available to any person meeting the criteria identified below. To be considered, your application must be typed or printed, signed, and submitted on time with each question or request completed.

Applications must be received and postmarked no later than April 30, 2020.

JOSEPH C. RODGERS MEMORIAL FUND SCHOLARSHIP CRITERIA:

1. Applicant must be a high school senior OR a freshman, sophomore or junior currently enrolled in a college or technical school.
2. Applicant must have a cumulative **GPA of 2.5 when the application is submitted.**
3. Scholarships shall be awarded on an objective and non-discriminatory basis without race, creed, color, sex, age, or disability considered.
4. **Academic achievement and financial need** will be considered.
5. Each scholarship will be awarded based upon the applications and recommendations submitted to the Board by the deadline above. If appropriate, the Board may conduct personal interviews with the applicants.
6. The recipient is required to successfully complete the semester to which the scholarship is applied. If the student drops out of school or fails to successfully complete the semester, he or she will be ineligible to reapply for future assistance.
7. The applicant **must have actively participated as a volunteer for a community service organization** or must be pursuing a degree in a criminal justice related field.

Applicants that fail to follow all procedures and meet all qualifications will be disqualified.

NOTE: Completed applications should be returned to:

**Joseph C. Rodgers Scholarship Foundation
Post Office Box 127
Lake City, South Carolina 29560**