

South Carolina Association of Convenience Stores
SCHOLARSHIP APPLICATION

Applicant Data

Last Name _____ First _____ Middle Initial _____

Permanent Mailing Address

Street Address _____

City _____ State _____

Zip Code _____ Phone: _____

Employee /Parent or Guardian Information

Last Name _____ First _____ Middle Initial _____

Job Title _____

Store Name _____

City _____ State _____

Work Phone _____

Store Employee's Relationship to Applicant _____

High School Data

School Name _____

Address _____

City _____ State _____

Phone _____ Principal _____

Graduation date _____

Post Secondary School Data

Name of School you attend or are enrolled to attend:

_____ City _____ State _____

Phone _____

Major Course of Study _____

____ 4year College or University _____ Years Attended

____ 2year Community College or Junior College _____ Years Attended

____ Vocational Technical School _____ Years Attended

____ Graduate Study _____ Years Attended

Work Experience

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company _____

Address _____ Phone _____

Position _____

Dates of employment _____

Hours per week _____ Amount Earned _____

Activities, Awards and Honors

List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.) List all community activities in which you have participated without pay during the past four years(e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors, and offices held.

<u>Activities</u>	<u>Number of years</u>	<u>Special honors</u>	<u>Offices held</u>

Goals and Aspirations

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Unusual Circumstances

Please report any unusual family or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities.

Applicant Appraisal

(To be completed by a high school counselor or advisor, an instructor, or supervisor.)

You have been asked to provide information in support of this scholarship application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant.

Name of Applicant: _____

The applicant's choice of a post-secondary education program is

<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
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The applicant's achievements reflect his/her ability

<input type="checkbox"/> Extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant's ability to set Realistic and attainable goals is

<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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The quality of the applicant's commitment to school and community is

<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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The applicant is able to seek, find, and use learning resources

<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant demonstrates curiosity and initiative

<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant demonstrates good problem-solving skills, follows through, and completes tasks

<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant's respect for self and others is

<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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Comments: _____

Appraiser's signature _____ Date _____
Title _____ Telephone _____
Address _____ City, State, ZIP _____