

JOSEPH C. RODGERS MEMORIAL FUND SCHOLARSHIP

SCHOLARSHIP APPLICATION

APPLICANTS NAME: _____ TELEPHONE #: _____

ADDRESS: _____ CITY: _____ SC: _____ ZIP: _____

AGE: _____ SEX: (CIRCLE) Male Female SOCIAL SECURITY #: _____

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? _____

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

5. Please attach a copy of your transcripts reflecting your cumulative GPA and individual course grades for the year preceding this application.

6. Please identify the amount and source of funds available for you to pursue your education. (i.e., family, veteran's benefits, relative, social security, etc.)

Joseph C. Rodgers Scholarship Application
Page 2

7. Names, addresses, and telephone numbers of three references (**DO NOT USE RELATIVES**).
Letters from references may also be submitted

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

8. Please submit an essay no more than three 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 one particular area to volunteer?
- 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: _____