

SCHOFIELD SCHOLARSHIP FUND
2023/2024 Application for Assistance
GRADUATION FROM AN AIKEN COUNTY HIGH SCHOOL IS REQUIRED

Name: _____
(Last) (First) (Middle)

Home Address: _____
(No P.O. Boxes) (Street) (City) (State) (Zip)

Mailing Address: _____

Social Security Number: _____ Phone Numbers: _____
(Home) (Cell)

Race: _____ Marital Status: _____ Sex: _____

NAME AND RELATIONSHIP TO YOU OF RELATIVE WHO ATTENDED OR WAS (IS) EMPLOYED AT SCHOFIELD: _____ (Mother, Father, Aunt, etc.)

Name of Father and Mother (or Guardian) _____ (employed?) _____

Are your parents responsible for your expenses? _____ Are you presently employed? _____

Do you plan on working during school enrollment or during summer? _____

If you are employed at this time, where do you work? _____
(Name and Address)

How long have you been employed? _____ How much are you currently being paid? _____

Last Year's Income earned by Father/Guardian \$ _____ Mother/Guardian \$ _____ Yourself \$ _____

Will you be living at home or on campus? _____ Total School Expenses for One Year \$ _____
(PLACE DETAILS ON BACK OF THIS FORM)

Do you have any brothers or sisters in College? _____ How many? _____

When you enter College this fall, you will be classified as a _____
Your major will be in the field of _____
You minor will be in the field of _____

Have you been awarded any scholarship funds from other sources? _____ How much? _____

Name of the 4-year institution of higher learning that you are now attending or that you are expecting to attend where you will be pursuing a baccalaureate degree. **Where do you want your scholarship check mailed?**

College Name _____ (Department for Award or Assistance) _____ (Street or P.O. Box)

(City) _____ (State) _____ (Zip Code)

1) YOU MUST ATTACH A COPY OF YOUR PARENTS' (GUARDIAN'S) PRIOR YEAR'S TAX RETURN, IF YOU ARE A DEPENDENT.

2) YOU MUST ATTACH A COPY OF YOUR PRIOR YEAR'S TAX RETURN, IF APPLICABLE.

3) YOU MUST ATTACH A LETTER OF ACCEPTANCE FROM THE INSTITUTION YOU ARE PLANNING TO ATTEND.

4) YOU MUST ATTACH AN OFFICIAL SEALED AIKEN COUNTY HIGH SCHOOL TRANSCRIPT (INCLUDING 1st SEMESTER HIGH SCHOOL SENIOR GRADES) WITH YOUR APPLICATION IF YOU ARE NOT A CURRENT RECIPIENT. OFFICIAL SEALED FINAL HIGH SCHOOL TRANSCRIPTS MUST BE RECEIVED NO LATER THAN 10 DAYS AFTER GRADUATION. CURRENT COLLEGE STUDENTS MUST PROVIDE OFFICIAL SEALED TRANSCRIPTS NO LATER THAN 20 DAYS FOLLOWING THE END OF EACH SEMESTER.

5) YOU MUST GIVE A DETAILED LIST OF YOUR PROPOSED COLLEGE EXPENSES ON THE BOTTOM OF THIS FORM. Attach additional page, if necessary.

6) YOU MUST ATTACH A CURRENT PHOTOGRAPH OF YOURSELF.

An official sealed transcripts with final grades for the academic year must be in the office of the Scholarship Committee, PO Box 2604, Aiken, SC 29802 (223 Park Avenue, SE, Aiken, SC 29801) no later than June 15th of each year. It will be absolutely your responsibility to have your official sealed transcripts mailed directly from your School/University/College to the Scholarship Committee office (or the PO Box) by this date. If the official sealed transcripts are not received, your award is subject to be rescinded.

Would you be willing to make a donation to the Scholarship Fund after you have completed your course of study? _____

Do you have any objections to the Fund contacting you for such? _____

THIS APPLICATION SHOULD BE RETURNED POST MARKED NO LATER THAN MARCH 10, 2023 FOR CONSIDERATION TO: Schofield Scholarship Fund, P.O. Box 2604, Aiken, South Carolina, 29802. IT MUST BE SIGNED AND DATED WITH ALL BLANKS FILLED.

Signature of Applicant

Date

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL BLANKS ARE FILLED COMPLETELY.