

# Greater St. Luke Development Council

## SCHOLARSHIP CHECKLIST AND APPLICATION

**INSTRUCTIONS:** Mail the completed application packet to Dr. Paula Anderson at 1745 Hesterville Rd., Georgetown, SC 29440. The application packet must be completed and arranged in the order listed below. ALL original transcripts, letters of recommendation and other required documents **must be in sealed envelopes and placed as the last documents in your packet.** The application packet should not exceed 15 pages. **Incomplete applications will not be considered. Photographs will result in disqualification and should not be included.** Scholarship is judged and awarded fairly by the members of the Council. NOTE: Application must be typed or computer generated.

### CHECKLIST:

- ☐ Scholarship Application (must be typed or computer generated – see box below).
- ☐ Statement of 750 words or less describing yourself to include your leadership skills, creativity, and involvement in school and community as they pertain to your goals.
- ☐ Statement of 300 words or less explaining a time you overcame adversity.
- ☐ Original transcript of high school (must indicate class rank/size, cumulative GPA/scale, and SAT/ACT scores).
- ☐ Letters of recommendation (at least two, but not to exceed four, from your high school teacher, administrator, pastor or someone from an entity of where you do volunteer work). Letter should cover applicant's ability, work habits, integrity, character, potential, and volunteer activities.
- ☐ List of extra-curricular activities, honors received, and scholastic achievements (one side of 8 ½ x 11" paper).
- ☐ Photocopy of United States citizenship: birth certificate, naturalization papers, or information page of U.S. Passport. Cover your photograph if you are submitting copy of naturalization or passport pages.
- ☐ Short description of Volunteer/Community service hours.
- ☐ Check if you have applied for financial assistance with your chosen institution.

### APPLICATION

High School Name _____				
Name of Student _____		E-mail _____	Phone _____	
Permanent address including city, state and zip code _____				
College/University attending: _____			Phone No. _____	
<b><u>Include the complete address for the college/university department to receive and credit the funds awarded.</u></b>				
Department	Street Address	City	State	Zip code
Class rank/Class size		Cumulative GPA/Scale	SAT/ACT Score	

**ONLY THE AWARDED SCHOLARSHIP Recipient(s) will be notified of the judges' decision following approval by the Scholarship Committee. Scholarship must be used within one year of date of award or it is forfeited.**

**For Scholarship Committee Use Only:** Committee chair \_\_\_\_\_ Application complete \_\_\_\_\_