

The South Carolina Education Association-Retired
2023-24 Scholarship Application Form

Must be postmarked by March 22, 2024

Name _____

Last

First

Middle

Social Security Number (last four digits) XXX-XX-_____ Date of Birth _____

Home Address _____

Telephone _____

Email Address _____

School _____

School Address _____

High School Graduation Date _____ Awards Day _____

Please request that your guidance counselor mail this application with all requested information, postmarked by March 22, to:

The South Carolina Education Association-Retired Scholarship Committee
2999 Sunset Blvd., West Columbia, SC, 29169

Please attach the following items to this application:

- Short essay (250-300 words) on "My Choice of Teaching as a Profession"
- Sealed recommendation letters from two (2) persons, one of which must be from a teacher or guidance counselor.
- Official high school transcript must include:
 - junior year and first semester grades of senior year,
 - class rank at end of first semester of the senior year
- Parents confidential report of financial status (form is provided)
(SAT/ACT scores are Optional – you will not be penalized if you did not take the tests or choose not to include the scores)

Applicant's Name _____

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You may use additional pages to answer questions, but answers must be in the order of the application. Please do not include a resume.

1. In what activities or clubs have you participated? What offices have you held?

a. School:

b. Church/Community:

2. What honors have you received?

3. What special talents and interests do you have?

4. What college or university do you plan to attend? _____

Have you applied? _____ Have you been accepted? _____

Thank you for your interest in choosing a career in education. Go to www.thescea.org or www.nea.org for membership information. Student membership and newsletters may be offered for free. We wish you all the best. The scholarship recipients will be notified by the SCEA-Retired on or before May 16.

Parent Confidential Report of Financial Status of Family

Applicant's Name _____

First Parent/Guardian _____

Employed at _____

Average monthly income (*omit if not contributing financially*) _____

Second Parent/Guardian _____

Employed at _____

Average monthly income (*omit if not contributing financially*) _____

Total monthly income (*Include child support, if any received*) _____

Total average monthly expenditures _____

List all children and ages: _____

List any children attending college: _____

List any other persons receiving financial support from the family:

Have you applied for any other scholarships? _____ If so, which ones?

Why do you need financial assistance and explain any special family circumstance(s) regarding the need for financial assistance:

Signature of Parent or Guardian: _____