

SCAA Scholarship Application

I have read and understand the scholarship program description, I further state that all the information given below is accurate, to the best of my knowledge.

Signed _____ Date _____

Please Print

Last _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail address _____

Social Security No. _____ Legal Residence: State _____ County _____

High School _____

High School Class Rank _____ Grade Point Average _____ Expected graduation date _____

College/Technical School Selection _____

Academic Discipline _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Financial Aid Department Contact _____ Telephone _____

Acceptance Date _____ Semester Start Date _____ Est. Graduation Date _____

*Referring Member _____ Phone _____



*Return completed application to
SCAA, PO Box 12067, Columbia, SC 29211
or fax to 803-252-7799 by
June 30, 2016.*



Please list academic institutions you have attended:

Name	Address	Dates Attended

Use the space below to write a brief paragraph concerning your request for this scholarship.

Use the space below to write a brief paragraph that outlines your educational goals and career plans.

Your application must be accompanied by:

- (a) One (1) letter of recommendation from an SCAA member.
- (b) Your high school transcript (or GED equivalent), confirming your GPA and senior / graduate status
- (c) Your college transcript (if already enrolled), confirming your GPA and full-time enrollment status