**Aiken High School Booster Club Scholarship Application**

This data is required for administrative purposes only. All information is confidential. Please provide a home e-mail address and, if possible, an email address through which we can contact you after graduation. E-mail is not required to apply.

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Weighted GPA\_\_\_\_\_\_\_

 (SC Uniform Grading Scale)

Current Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Understanding (applicant initial each):

\_\_\_\_ I certify that information contained in this application is correct. I understand that falsifying information will cause this application to be ineligible for selection.

\_\_\_\_ I also understand that all scholarship money will be disbursed to the institution’s registrar after enrollment in a post-secondary institution.

\_\_\_\_ I further understand that if I withdraw from school, I forfeit my scholarship committee funds.

\_\_\_\_ My parent or legal guardian and I have read this application and agree that all information is correct.

\_\_\_\_ My parent or legal guardian and I certify that the essay I have submitted is my original work.

\_\_\_\_ Scholarship awards will be announced at the Awards Ceremony in May.

\_\_\_\_ I have had no in or out of school suspensions or major disciplinary infractions in the past 3 years.

\_\_\_\_ I authorize the scholarship committee to verify GPA and disciplinary infractions with AHS guidance staff and administration.

\_\_\_\_ I pledge that I have not received a full scholarship to any college or university and I will notify AHS Booster Club if this changes.

\_\_\_\_ Student, Parent or Guardian is a current member of the AHS Athletic Booster club or has waiver.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Both signatures are required if applicable)

Any questions regarding the application process may be directed to:

Scholarship Chairperson - Molly Jones (mjones@srpfcu.org)

**Application Checklist: INITIAL EACH**

\_\_\_ Fill out the Application with Personal Information.

\_\_\_ Submit an original typed essay 200 words minimum on the topics shown on the cover page.

\_\_\_ Sign the Statement of Understanding (above) with Applicant and **Parents Signatures**.

\_\_\_ Submit Athletic Participation/Achievement form.

\_\_\_ Request completion of at least three (3) Recommendation Forms (a combination totaling 3 of both Coach and Teacher Recommendation Forms is required, **at least one of each type**). If submitting multiple **Coach Recommendation Forms, they must be from different AHS sports teams you were on.** **You are responsible to make sure at least 3 are turned in.**

\_\_\_ **Mark your calendar to turn in completed forms by Friday April 17, 2020**