

SCABSE

South Carolina Alliance of Black School Educators

Scholarship Application Cover Sheet

(Applications must be postmarked by April 15, 2021)

(Please Type or Print)

Date: _____

Name _____

Last **First** **Middle Initial** **Date of Birth**

U.S. Citizenship? _____ **Gender** _____ **Ethnic Background** _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number (_____) _____ **Email** _____

Parent/Guardian Name _____ **Address/City** _____ **Zip Code** _____

Parent/Guardian's Phone(s) _____

High School _____

Name **City** **Graduation Date**

Have you ever been suspended, expelled or placed on probation? _____

If yes, state the reason _____

School(s) to which you have applied, indicate those you have already been accepted.

Major Field of study _____

How did you learn about this scholarship? _____

Other Awards: Please list the name and amount of any grants or scholarships you have been awarded for the coming school year.

Name of Award Amount Check One

_____ \$ _____ **Granted** **Pending**

_____ \$ _____ **Granted** **Pending**

_____ \$ _____ **Granted** **Pending**

To be completed by Counseling Center:

High School GPA: _____

Class Rank: _____

Counselor's Name: _____

Counselor's Signature: _____