

SCABSE
South Carolina Alliance of Black School Educators
Scholarship Application Cover Sheet

(Applications must be postmarked by April 1, 2017)

(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	
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending

To be completed by Counseling Center:

High School GPA: _____

Class Rank: _____

Counselor's Name: _____

Counselor's Signature: _____

Please send completed application to: SCABSE, P.O. Box 11737, Columbia, SC 29211.