

CAROLYN WOOD-ELLISON SCHOLARSHIP APPLICATION GUIDELINES



The Greenview Reunion Foundation

Post office Box 30306

Columbia, SC 29230

Guidelines

Scope and Purpose

The Greenview Reunion Foundation is an organization of past residents of the Greenview Community. Through commitment and dedication to the community, the group came together to recommit themselves to revitalizing and serving the community. One of the primary purposes is to award scholarships to eligible minority high school students. These students must be prepared academically to attend an accredited college or university; therefore, we believe opportunities for underrepresented minorities in various fields will help America enhance its competitiveness in the world market.

Eligibility

Candidates must:

- *Have an academic average of "B" or better.*
- *Be a graduating high school senior who enrolls in an accredited college or university.*
- *Demonstrate financial need.*

Selection

The Scholarship Committee of the Greenview Reunion Foundation selects scholarship recipients biennially. Upon the return of the application package by August 31, recipients will receive notification of their selection by mail, e-mail or phone.

Awards

The scholarship monetary awards range from \$2,500 and above. The scholarship is awarded to student upon presentation of proof of acceptance to an accredited institution of higher education.

Application Package

To be considered, candidates must submit a completed Greenview Reunion Foundation Scholarship application form (copies are acceptable) with **ALL** requested information. Information submitted will be shared only as necessary for review, approval and processing of the application and scholarships. The completed application **must be submitted by August 31.**

Checklist

Ineligible candidates and incomplete application submissions will not be considered. The following is a list of qualifications and items that must be submitted in order for a scholarship application to be considered. Every candidate must be able to check each box and return the entire package to The Greenview Reunion Foundation at P. O. Box 30306, Columbia, South Carolina 29230 by August 31.

As a candidate for the Carolyn Wood-Ellison Scholarship, I affirm the following:

- ☐ I have an academic average of “B” or better.
- ☐ I am a graduating high school senior who will provide documentation that verifies enrollment in an accredited college or university.
- ☐ I have demonstrated financial need in my essay.
- ☐ I have submitted a completed Carolyn Wood-Ellison Scholarship application form (copies are acceptable).
- ☐ I have attached an official current high school transcript.
- ☐ I have composed a 1500-word, typed, double space, 12 font essay and it has been proofread for typing errors, grammar, structure, organization, content and clarity.
- ☐ I have attached a copy of my ACT and/or SAT scores.
- ☐ I have identified the number of dependent siblings and/or dependent children living in my home along with ages of those siblings or children.
- ☐ I have attached two (2) letters of reference (one academic and one non-academic).
- ☐ My name appears on all attachments.
- ☐ I have attached additional sheets, as needed, to list all of my school and community extracurricular activities.

Your signature below signifies you have checked each box above and therefore affirm each statement.

Student Name (print)

Student Signature

Date

Application

Candidate Information

Name:			Phone:		
<i>Last</i>	<i>First</i>	<i>M.I</i>			
Address:					
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>		
Email Address: <i>(Provide if you have one):</i>					
Date of Birth:		Sex: ___ M ___ F		Social Security No:	
Ethnicity <i>(Optional)</i>					
<input type="checkbox"/> African American		<input type="checkbox"/> Hispanic/Latino American			
<input type="checkbox"/> American Indian		<input type="checkbox"/> Other _____			

Parent(s) Guardian(s) Information

Father's Name: _____	Occupation: _____
Address: _____	
Employer: _____	Phone: () _____
Employer's Address: _____	
Mother's Name _____	Occupation: _____
Address: _____	
Employer: _____	Phone: () _____
Employer's Address: _____	
Guardian's Name: _____	Occupation: _____
Address: _____	
Employer: _____	Phone: () _____
Employer's Address: _____	
Guardian's relationship to applicant: _____	

Siblings

Names of Siblings and their ages

High School			
Name of high school presently attending: _____			
School Address: _____			
Expected Date of Graduation: _____			
Principal: _____ Guidance Counselor: _____			
Scholastic Scores			
Overall Academic Grade Point Average _____ on a _____ point scale			
SAT Composite Score: _____ ACT Composite Score: _____			
Date you took SAT Exam: _____ Date you took ACT Exam: _____			
College Preferences			
<i>In order of preference, list colleges/universities to which you have applied</i>			
	1st Choice	2nd Choice	3rd Choice
Name of College: _____			
Address: _____			
Application Status: (Check One)	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted <input type="checkbox"/> Waiting List	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted <input type="checkbox"/> Waiting List	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted <input type="checkbox"/> Waiting List
Expected Date of Enrollment: _____			
Intended Major: _____			
<i>If available, attach proof of registration to this application.</i>			
Extracurricular Activities & Honors			
List the school organizations/activities in which you have been involved and the office held.			
Organization/Activity		Office(s) Held	
List the community organizations/activities in which you have been involved and the offices held.			
Organization/Activity		Office(s) Held	

List the **honors and awards** you have received (attach additional sheet, if necessary)

Your Name: _____

Essay

On a separate sheet(s), type a concise, 1500-word, double-spaced essay addressing the following topics:

1. Why you should receive a Carolyn Wood-Ellison Scholarship
2. Your professional career objectives
3. Any additional information, which may assist the Scholarship Committee in making its decision.

References

Please provide the names, addresses and telephone numbers of two (2) references, one (1) academic and one (1) non-academic (cannot be a family member)

Name: _____	Name: _____
Address: _____	Address: _____
Telephone No: _____	Telephone No: _____
Relationship to Applicant: _____	Relationship to Applicant: _____

Signatures

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

Parent/Guardian's Signature

Date