## The South Carolina Education Association-Retired 2023-24 Scholarship Application Form

## Must be postmarked by March 22, 2024

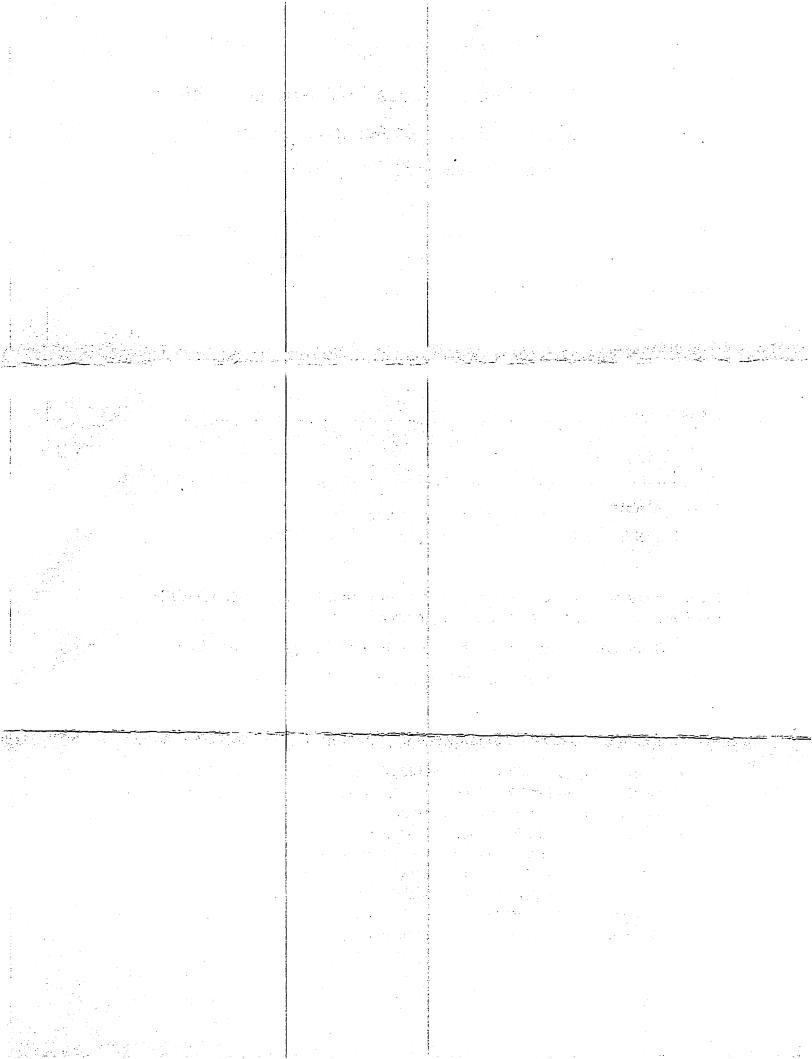
Name			
Last	First	Middle	
Social Security Number (last fo	our digits) XXX-XX	Date of Birth	
Home Address			
Email Address			
School			
School Address			
High School Graduation Date_			

Please request that your guidance counselor mail this application with all requested information, postmarked by March 22, to:

The South Carolina Education Association-Retired Scholarship Committee 2999 Sunset Blvd., West Columbia, SC, 29169

## Please attach the following items to this application:

- Short essay (250-300 words) on "My Choice of Teaching as a Profession"
- Sealed recommendation letters from two (2) persons, one of which must be from a teacher or guidance counselor.
- Official high school transcript must Include:
  - junior year and first semester grades of senior year,
  - class rank at end of first semester of the senior year
- Parents confidential report of financial status (form is provided)
   (SAT/ACT scores are Optional you will not be penalized if you did not take the tests or choose not to include the scores)



Applicant's Name	p.2
You may use additional pages to answer of the application. Please do not include a re	questions, but answers must be in the order of esume.
<ol> <li>In what activities or clubs have you</li> <li>a. School:</li> </ol>	ou participated? What offices have you held?
b. Church/Community:	
2. What honors have you received?	
3. What special talents and interests	s do you have?
4. What college or university do you	plan to attend?
Have you applied?	Have you been accepted?

Thank you for your interest in choosing a career in education. Go to <u>www.thescea.org</u> or <u>www.nea/org</u> for membership information. Student membership and newsletters may be offered for free. We wish you all the best. The scholarship recipients will be notified by the SCEA-Retired on or before May 16.

## Parent Confidential Report of Financial Status of Family

Applicant's Name
First Parent/Guardian
Employed at
Average monthly income (omit if not contributing financially)
Second Parent/Guardian
Employed at
Average monthly income (omit if not contributing financially)
Total monthly income (Include child support, if any received)
Total average monthly expenditures
List all children and ages:
List any children attending college:
List any other persons receiving financial support from the family:
Have you applied for any other scholarships? If so, which ones?
Why do you need financial assistance and explain any special family circumstance(s) regarding the need for financial assistance:
Signature of Parent or Guardian:

