

Dillon County Junior Charity League Scholarship

APPLICATION DEADLINE – May 5, 2017

- JCL is offering a one-time scholarship to graduating seniors in Dillon County for \$1,000 (check will be submitted directly to college, not applicant)
- Offered to students enrolled in Dillon County Schools including, but not limited to, Dillon HS, Lake View HS, Dillon Christian School, and Grace Home School Association
- Scholarship criteria:

Based on community service

Minimum GPA of 2.5 or higher

US Citizen

At least 2 referral letters from **teachers, guidance counselors, community service representatives, pastors, community professionals**, and so forth (cannot be current JCL member)

Applicant essay

The essay should be **1-2 pages** in length.

Include community service experience(s), goals, college plans – also include how community service has prepared you for future/goals

DO NOT include personal names (applicant, parent/guardian, pastor, JCL member, and so forth) in essay as to remove any potential bias from scoring

Dillon County JCL Scholarship Application

Application #: (office use only)			Date Submitted:	
First Name	Middle Name	Last Name	Suffix	
Street Address		City	State	Zip Code
Phone Number		Birthdate	Gender Male or Female	US citizen? Yes or No
Mother/Guardian's Name		Father/Guardian's Name		
Mother/Guardian's Phone Number		Father/Guardian's Phone Number		
Name of School currently attending				
School Street Address		City	State	Zip Code
School Phone Number		School Guidance Counselor		

Application #: (office use only)		
Community Service History (may attach additional pages if needed)		
Name of event or group	Name of Contact Person	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Dillon County JCL Referral Form

Applicant Name	
How long have you know applicant?	In what capacity have you know the applicant?
Remarks: (Note: please do not include applicant's name, parent/guardian's name, or other identifying remarks. The goal is to make the scoring as unbiased as possible.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Referral completed by (please print): _____

Referral signature: _____

Referral date: _____

Dillon County JCL Referral Form

Applicant Name	
How long have you know applicant?	In what capacity have you know the applicant?
<p>Remarks: (Note: please do not include applicant's name, parent/guardian's name, or other identifying remarks. The goal is to make the scoring as unbiased as possible.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Referral completed by (please print): _____

Signature of individual completing:

Date: