

Dillon County Junior Charity League Scholarship

APPLICATION DEADLINE – Friday, April 30, 2021

JCL is offering a one-time scholarship to graduating seniors in Dillon County for \$1,000

Offered to students enrolled in Dillon County Schools including, but not limited to, Dillon High School, Lake View High School, and Dillon Christian School.

- 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

Times New Roman Font, 1 inch margins

12 point font size

Write a 1 page essay explaining your community involvement.

Include community service experiences, 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

Please return the application to your guidance counselor. They will be picked up from the guidance office on

Friday, April 30, 2021.

Dillon County JCL Referral Form

Applicant Name	
How long have you known the applicant?	In what capacity have you known 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/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Referral completed by (please print): _____

Referral signature: _____

Referral date: _____

Dillon County JCL Referral Form

Applicant Name

How long have you known the applicant?

In what capacity have you known 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: _____

To be completed by Guidance Counselor/School Official

Name of person providing information (please print):		
Phone Number:	Date Completed:	
Applicant's current GPA	Class Rank:	Applicant Graduating on time? Yes or No
Schools applying to :		
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Additional remarks – (optional) 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.-		
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Signature of individual completing:		
Date:		

