

# The South Carolina Education Association-Retired

## 2024-2025 Scholarship Application Form

Must be postmarked by March 14, 2025

Name \_\_\_\_\_

Last

First

Middle

Social Security Number (last four digits) XXX-XX-\_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Personal email address \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

High School Graduation Date \_\_\_\_\_ Awards Day \_\_\_\_\_

**Please request that your guidance counselor mail this application with all requested information, postmarked by March 14, 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"
- Recommendation letters from two 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)
- Optional: SAT/ACT scores are optional. Not including scores will not affect your chance of receiving a scholarship.

You may use additional pages to answer questions, but answers must be in the order of the application. Please do not include a resume.

1. In what activities or clubs have you participated? What offices have you held?

a. School:

b. Church/Community:

2. What honors have you received?

3. What special talents and interests 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. We wish you all the best. Please plan to join The SCEA-Student association. The scholarship recipient will be notified by the SCEA-R on or before May 15.

# Parent Confidential Report of Financial Status of Family

## The SCEA-Retired Scholarship Application

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: \_\_\_\_\_