

South Carolina Foster Parents Association SCHOLARSHIP APPLICATION

Please complete this application and submit to the SCFPA Scholarship Chairperson.

1. Applicant's Name: _____
(Last) (First) (Middle)

2. Address: _____
(Street) (City, State) (Zip Code)

3. Date of Birth: _____

4. Phone Number: _____
(Area Code) Phone Number

5. Name(s) of Foster Parent(s): _____

6. Employment History ~ Current employer first:

(Company Name) (Address) (Supervisor)

(Company Name) (Address) (Supervisor)

(Company Name) (Address) (Supervisor)

(Company Name) (Address) (Supervisor)

PREVIOUS
EMPLOYERS

7. Schools Attended:

(School) (Address) (Grade thru Grade)

(School) (Address) (Grade thru Grade)

(School) (Address) (Grade thru Grade)

(School) (Address) (Grade thru Grade)

South Carolina Foster Parents Association SCHOLARSHIP APPLICATION

8. Please list all extracurricular school-related activities.

9. List all offices and positions of leadership applicant holds or has held in class and school organizations.

10. List any honors or awards applicant received in school.

11. List any out-of-school activities, offices held, awards, etc.

(Date)

(Signature of Applicant)