

HIBERNIAN SOCIETY OF CHARLESTON FOUNDATION SCHOLARSHIP APPLICATION

This form must be completed in its entirety and accompanied by all of the supporting documentation listed below and returned to the Office of Financial Aid and Assistance by the close of business on March 31, 2009. Applicant must be a current student enrolled at the College of Charleston and have completed at least one semester prior to applying. (Incoming freshmen will not be considered.)

This application MUST be accompanied by the following:

- a. A personal letter outlining your educational and vocational aims, explaining your financial plans, including your parent's participation in achieving these aims, and your need for the scholarship at this time.
- b. A list of all extracurricular activities and organizations in which you participate.
- c. A minimum of two letters of recommendation as to your ability to meet your scholastic and community responsibilities; at least one of these letters should be from a professor; the other may be from an administrator, high school teacher and/or employer.
- d. A complete, official transcript of your academic record.
- e. A small picture of yourself.

1. Applicant's name: _____

2. Address: _____

3. Date and place of birth: _____

4. Telephone: _____

5. Parents' name: _____

6. Parents' address: _____

7. Parents' telephone: _____

8. Parents' gross annual income for last year: _____

9. Brothers and sisters (Name, Age, School and Current Grade):

11. High school and any other colleges attended: _____

12. Current class (as of March 31, 2009): FR ___ SO ___ JR ___ SR ___ Class of: _____

13. Field of study (Major/Minor): _____

14. Accumulative grade point average: _____ Letter grade equivalent: _____

15. Do you plan to be married during the coming year?: Yes _____ No _____

16. Do you plan to attend graduate school? Yes__ No___ If yes, where?: _____

17. Do you plan to live in South Carolina after graduation?: Yes_____ No_____

18. Are you currently employed full or part time? Yes_____ No_____

If currently employed, where and how many hours per week? _____

19. Name of previous scholarships and amounts awarded: _____

20. Source and amounts of any current student loans: _____

21. Please complete the following budget with estimated income and expenses for the year 2009/2010:

Estimated income

Estimated Expenses

From Parents \$ _____
From Work \$ _____
From Savings \$ _____
From Scholarships/loans \$ _____
From other sources: \$ _____
TOTAL \$ _____

Tuition \$ _____
Books/supplies \$ _____
Housing/food \$ _____
College activities\$ _____
Misc. Expenses \$ _____
TOTAL \$ _____

Signature of applicant

Date

******* IMPORTANT *******

THIS SECTION TO BE COMPLETED BY THE HIBERNIAN SOCIETY OF CHARLESTON FOUNDATION SCHOLARSHIP SELECTION COMMITTEE.

1. The undersigned members of the Hibernian Society of Charleston Foundation Scholarship Selection Committee certify that this applicant _____ has been selected in a Campus-wide competition from a total of _____ applications.

2. We recommend that an award of \$_____ be made to the above applicant from the Hibernian Society of Charleston Foundation Scholarship Fund.

3. Payment will be required for the _____ term which begins _____.

APPROVED:

CHAIRMAN, Scholarship Selection Committee

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member