

**SCABSE**

**South Carolina Alliance of Black School Educators**

**Scholarship Application Cover Sheet**

(Applications must be postmarked by April 15, 2023)

(Please Type or Print)

Date: \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle Initial Date of Birth

U.S. Citizenship? \_\_\_\_\_ Gender \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip Code

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name Address/City Zip Code

Parent/Guardian's Phone(s) \_\_\_\_\_

High School \_\_\_\_\_

Name City Graduation Date

Have you ever been suspended, expelled or placed on probation? \_\_\_\_\_

If yes, state the reason \_\_\_\_\_

School(s) to which you have applied, indicate those you have already been accepted.

Major Field of study \_\_\_\_\_

How did you learn about this scholarship? \_\_\_\_\_

Other Awards: Please list the name and amount of any grants or scholarships you have been awarded for the coming school year.

Name of Award Amount Check One

\_\_\_\_\_ \$ \_\_\_\_\_  Granted  Pending

\_\_\_\_\_ \$ \_\_\_\_\_  Granted  Pending

\_\_\_\_\_ \$ \_\_\_\_\_  Granted  Pending

To be completed by Counseling Center:

High School GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

**When sending in your application include a senior picture with you wearing your cap and gown. If you receive the scholarship your photograph will be shared on SCABSE's social media platforms.**