

Due to Mrs. Lindler
April 11th

OPERATION IMPACT, INC.

"CARING ENOUGH TO MAKE A DIFFERENCE"

P.O. Box 1061

Abbeville, South Carolina, 29620

SCHOLARSHIP PROGRAM RULES AND GUIDELINES

Eligibility

Applicants must be a graduating high school senior of Abbeville County, S.C. The amount of each scholarship is \$800.00. The scholarship will be awarded to one applicant of each of the three high schools, located in Abbeville County. The award check will be forwarded to the recipient once proof of enrollment is provided at an institution of higher learning.

Each Applicant is Required To:

1. Fully complete the application.
2. Submit an essay of 250 to 300 words on their aspirations, goals, and financial need for the scholarship. Attach essay to the application.
3. Submit a letter of recommendation from a teacher, counselor, or school administrator.
4. Submit a letter of recommendation from a non-related person attesting to the applicant's character and commitment.
5. Submit an official high school transcript from the Guidance Office.

Incomplete applications will not be considered for a scholarship award.

Application Notices and Timeline:

April 15: Deadline for receiving applications

April 30: Education Committee meets and selects recipients.

May 5: Deadline for Announcement of scholarship recipients.

Selection of Scholarship Recipient:

The awarding of the scholarship will be based on the accuracy and completeness of the application, the essay, and the financial need of the recipient. Grades, school activities, and community involvement may also be used as a factor.

OPERATION IMPACT, INC

Scholarship Application

This Scholarship is designed to assist three graduating seniors from the three area High Schools, located in Abbeville County, S.C.

(Please complete)

First Name: _____ M.I. _____ Last Name: _____

Mailing Address: _____ City: _____, S.C. Zip: _____

Physical Address (If different from mailing): _____

Name of High School: _____

SAT/ACT Score: _____ / _____ Class Rank: _____

Father's Name or Legal Guardian: _____

Mother's Name or Legal Guardian: _____

Home Number: _____ Cell Number: _____

List Name, Age, and Relationship of all Household Members:

Name _____ Age _____ Relationship _____

***Remember to attach your essay to this application.**

Student's Signature: _____ Date: _____

Mail completed application, along with essay to:

P.O. Box 1061, Abbeville, South Carolina, 29620, Attn: Mr. Joseph Brownlee, Education Committee Chairperson

Application must be postmarked no later than April 15.