

## **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 **\$1,000.00**. 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. Albert Woods, Education  
Committee Chairperson**

**Application must be postmarked no later than April 15.**