

South Carolina Association of Convenience Stores



SCHOLARSHIP PLAN

The South Carolina Association of Convenience Stores Scholarship Plan is designed to assist convenience store employees and /or their families (store managers/store employees-relatives, husband, wife and children) and store door vendors and their hourly office employees with financial help for post-high school education. Scholarship recipients may attend any qualified post-high school institution of their choice. The school must be an accredited vocational school, two year or four year college or university. Selection is made without regard to race, color, or sex. The plan is administered by the South Carolina Association of Convenience Stores. The scholarships will be awarded to the school in the name of the recipient.

Who is Eligible?

1. Family (husband, wife, and children) and employees of any convenience store company that is a member of SCACS. Store door vendors and their hourly office employees that are an active member of the South Carolina Association of Convenience Stores.
2. The awards are made yearly and can only be awarded to an individual once.
3. Applicants must graduate from high school or equivalent certification.
4. The Applicant must be enrolled in a post-high school institution of their choice at the time of receipt of the scholarship.
5. No application will be accepted from any management/owner relationship. This would include District Manager, Company officer or owners.

How to Apply:

You are responsible for gathering and submitting all information for the selection of scholarship recipients. To apply for a scholarship you must:

1. Fill out an application and return by **June 15, 2019**.
2. Obtain a copy of your high school transcript and attach to the application.
3. Send the completed application form to: email address Hannah@scacs.org or mail to South Carolina Association of Convenience Store, Post Office Box 2836, Summerville, South Carolina 29484.

South Carolina Association of Convenience Stores
SCHOLARSHIP APPLICATION

Applicant Data

Last Name _____ First _____ Middle Initial _____

Last 4 of your Social Security _____

Email _____

Permanent Mailing Address

Street Address _____

City _____ State _____

Zip Code _____ Phone _____

Employee /Parent or Guardian Information

Last Name _____ First _____ Middle Initial _____

Job Title _____

Store Name _____

City _____ State _____

Work Phone _____

Store Employee's Relationship to Applicant _____

High School Data

School Name _____

Address _____

City _____ State _____

Phone _____ Principal _____

Graduation date _____

School Applied For Data

Name of School you attend or are enrolled to attend:

Address of Admissions Office _____

City _____ State _____

School Phone _____

Major Course of Study _____

_____ 4year College or University _____ Years Attended

_____ 2year Community College or Junior College _____ Years Attended

_____ Vocational Technical School _____ Years Attended

_____ Graduate Study _____ Years Attended

Work Experience

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week.

List amounts earned at each job.

Company _____

Address _____ Phone _____

Position _____

Dates of employment _____

Hours per week _____ Amount Earned _____

Activities, Awards and Honors

List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.) List all community activities in which you have participated without pay during the past four years(e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors, and offices held.

<u>Activities</u>	<u>Number of years</u>	<u>Special honors</u>	<u>Offices held</u>

Goals and Aspirations

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Unusual Circumstances

Please report any unusual family or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities.

Applicant Appraisal

(To be completed by a high school counselor or advisor, an instructor, or supervisor.) You have been asked to provide information in support of this scholarship application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant.

Name of Applicant: _____

The applicant's choice of a _____Extremely _____very _____moderately _____inappropriate
post -secondary education _____appropriate _____appropriate _____appropriate
program is

The applicant's achievements _____Extremely _____very _____moderately _____not well
reflect his/her ability _____well _____well _____well

The applicant's ability to set _____excellent _____good _____fair _____poor
Realistic and attainable goals is

The quality of the _____excellent _____good _____fair _____poor
applicant's commitment to
school and community is

The applicant is able to seek, extremely very moderately not well
find, and use learning well well well
resources

The applicant demonstrates extremely very moderately not well
curiosity and initiative well well well

The applicant demonstrates
good problem-solving skills, extremely very moderately not well
follows through, and well well well
completes tasks

The applicant's respect for excellent good fair poor
self and others is

Comments

Appraiser's Signature _____ Date _____

Title _____ Telephone _____

Email _____

Address _____ City, State, ZIP _____