

# APPLICATION FOR SCHOLARSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

School : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What Program are you interested in? \_\_\_\_\_

How many people in your household? \_\_\_\_\_

Yearly Income Level:

Please Check One:

\_\_\_ \$0 - \$7,000      \_\_\_ \$7,001-\$14,000      \_\_\_ \$14,001- \$18,000

\_\_\_ \$18,001-\$21,000      \_\_\_ \$21,001- 24,000      \_\_\_ \$24,001-32,000

\_\_\_ \$32,001 and above

Resubmit to :

SCORE  
741 Fashion Drive  
Columbia, SC 29229