Application for Scholarship

Dick Horne Foundation

Post Office Box 306,
Orangeburg, South Carolina 29116-0306
(803) 238-5845
dickhornefoundation@gmail.com

Deadline for fall applications:June 2, 2025

Scholarships are awarded only to residents of Orangeburg and Calhoun Counties and are based on Financial Need, Character and Ability. (Must be under the age of 25)

Student applicant's name _____

Address _____ City _____ Zip _____

Email address _____

Date of Birth _____ Phone (cell) _____ Social Security No: _____

High School Attended _____ Date of Graduation _____ **SAT/ACT Score** _____

College you Plan to Attend _____

Have you been accepted? _____ Major or Course of Study _____

Provide the following costs per semester:
Cost of Tuition _____ Cost of Books _____ Room, Board, other costs _____

If you are currently enrolled in college or have attended college at any time, an OFFICIAL transcript is required. Income information requested should be same as reported on current Income Tax Return. All questions applicable to you should be answered. Incomplete applications will not be processed.

Student Information: (if you are single, disregard spouse questions)

Marital Status _____ Name of Spouse _____
Annual Income of Spouse $ _____ Employer of Spouse _____
Your Annual Income $ _____ Your employer/occupation _____
Other Income of student (Social Security, Interest, etc.) $ _____

Student Assets: (as of date of this application)

Cash, Savings, Checking Accounts, etc. $ _____
Real Estate & Investments:
What is it worth $ _____ Balance owed $ _____
Any other indebtedness (student loans, etc.) $ _____
Amount of PELL grant received per semester $ _____ Other grants or scholarships per semester $ _____

Parent or Guardian Information: (if you have not received support from your parents at any time during the past two years, please provide names only)

Parent's marital status _____ Number of children at home _____ In College _____
(include college students)
Father's Name _____ Father's employer _____
Annual Income from work by father _____
Mother's Name _____ Mother's employer _____
Annual Income from work by mother _____
Parent/Guardian annual income from Interest, Dividends, Rent, etc. _____
Parent/Guardian annual income from Pensions, Social Security, etc. _____

Parent/Guardian assets (as of date of this application)

	Today's worth	Amount owed today
Cash, savings and checking	_____	_____
Home	_____	_____
Investments & other real estate	_____	_____
Farm or business	_____	_____

Use back of this form or attach a letter to explain special circumstances.

I certify that the above information is accurate and complete to the best of my knowledge.

Date completed: _____ _____
Signature of applicant

Home telephone number _____

Attach recent photograph if available. Photograph will not be returned.
PLEASE ATTACH A COPY OF YOUR PARENTS'/GUARDIANS' LATEST TAX RETURN! THE ABOVE INFORMATION IS SUBJECT TO VERIFICATION