

The South Carolina Education Association – Retired
2999 Sunset Blvd, West Columbia, SC, 29169

To: S.C. High School Senior Guidance Directors

From: Marilyn Montgomery, Scholarship Committee Chair, The SCEA-Retired

Re: The SCEA-Retired Scholarship for Education Applications

Date: January 12, 2026

The South Carolina Education Association-Retired administers a scholarship program as an ongoing activity of the Association. Four scholarships of \$1,000 each are awarded annually and are designed to help enable promising young people to pursue a four-year degree in education at a SACS accredited college, university, technical school or community college in South Carolina.

We are seeking applicants for the 2025-2026 scholarship year. Enclosed you will find one application for the scholarship. Please make as many copies as you may need. Completed applications must be postmarked by March 6, 2026.

We will be awarding a total of four scholarships, each for \$1,000. This amount will be paid to the South Carolina college in the name of the recipient. This scholarship may be used for room, board, tuition, and/or books.

Eligibility requirements for receiving and maintaining the scholarship include:

1. The applicant must be a senior graduating from a public high school in South Carolina.
2. The applicant must plan to attend a SACS accredited college, university, technical school, or community college in South Carolina as a full-time student.
3. The applicant must plan to pursue a career in education.
4. The applicant must have maintained a good high school academic record.
5. The applicant must demonstrate leadership abilities.
6. The applicant must need financial assistance.

The scholarship recipient will be notified on or before May 15.

If you have any questions, please contact Marilyn Montgomery, 803-582-9438
montgomerymarilyn21@gmail.com

The South Carolina Education Association-Retired
2025-2026 Scholarship Application Form

Must be postmarked by March 6, 2026

Name _____

Last

First

Middle

Social Security Number (last four digits) XXX-XX-_____ Date of Birth _____

Home Address _____

Telephone _____

Personal email address _____

School _____

School Address _____

High School Graduation Date _____ Awards Day _____

Please request that your guidance counselor mail this application with all requested information, postmarked by March 6, to:

The South Carolina Education Association-Retired Scholarship Committee
2999 Sunset Blvd, West Columbia, SC, 29169

Please attach the following items to this application:

- Short essay (250-300 words) on "My Choice of Teaching as a Profession"
- Recommendation letters from two persons, one of which must be from a teacher or guidance counselor.
- Official high school transcript must include:
 - junior year and first semester grades of senior year,
 - class rank at end of first semester of the senior year
- Parents confidential report of financial status (form is provided)
- Optional: SAT/ACT scores are optional. Not including scores will not affect your chance of receiving a scholarship.

Applicant's Name _____ p.2

You may use additional pages to answer questions, but answers must be in the order of the application. Please do not include a resume.

1. In what activities or clubs have you participated? What offices have you held?
a. School:

b. Church/Community:

2. What honors have you received?

3. What special talents and interests do you have?

4. What college or university do you plan to attend? _____
Have you applied? _____ Have you been accepted? _____

Thank you for your interest in choosing a career in education. We wish you all the best. Please plan to join The SCEA-Student association. The scholarship recipient will be notified by the SCEA-R on or before May 15.

Parent Confidential Report of Financial Status of Family

The SCEA-Retired Scholarship Application

Applicant's Name _____

First Parent/Guardian _____

Employed at _____

Average monthly income (*omit if not contributing financially*) _____

Second Parent/Guardian _____

Employed at _____

Average monthly income (*omit if not contributing financially*) _____

Total monthly income (*Include child support, if any received*) _____

Total average monthly expenditures _____

List all children and ages: _____

List any children attending college: _____

List any other persons receiving financial support from the family:

Have you applied for any other scholarships? _____ If so, which ones?

Why do you need financial assistance and explain any special family circumstance(s) regarding the need for financial assistance:

Signature of Parent or Guardian: _____

APPLICATION FOR
SOUTH CAROLINA JURISDICTION
CHARLES D. ANDERSON

GRANT PROGRAM – 1 Time \$1,000 Benefit

Name _____
Address _____ Phone _____
City _____ State _____ Zip _____
 Male Female Social Security No. _____ Date of Birth _____
Certificate # _____ (3 Year minimum at application deadline) Email: _____

MAIL TO: WoodmenLife
9444 Two Notch Road, Unit C
Columbia, SC 29223

APPLICATION DEADLINE: March 15
THIS INFORMATION IS CONFIDENTIAL

REQUIREMENTS: (ALL QUESTIONS MUST BE ANSWERED COMPLETELY.)

- Applicant will be a FULL TIME Student (12 Hours/Semester Undergraduate)
- Applicant must be named insured on certificate.
- Applicant must be 21 Years of age or younger at Application Deadline.

APPLICATION CHECKLIST: Place an "X" beside items included.

Your application will be considered **INCOMPLETE** and will not be considered until all items are received.

- Has applicant applied for this grant previously? _____
How many times has applicant applied? _____
Has applicant **received** this grant before? _____ (if yes, applicant is *ineligible* to receive a 2nd grant).
- Letter of acceptance/Letter stating you are a FULL-TIME STUDENT from college, university, or technical school
- Letter of reference is required from a local WoodmenLife Representative or Chapter Officer if Representative is not available. Representative or Officer must sign pg. 3 of application.
- Letter of reference from either your pastor OR a school official (both if you choose)
- High school transcript or college transcript Enclosed or Sent by school
- Copy of SAT/ACT report (If you are a graduating senior from high school)
- Goal Letter – On a separate sheet of paper, typed or handwritten, please explain your academic interests, educational, and professional goals.
- If Applicant is a Dependent -A copy of previous years completed 1040 Tax Return or W2 Form for all wage earners (inclusive of stepparents) in the applicant's household. If Applicant is NOT a Dependent - A copy of complete applicant and spouse's (if applicable) previous year completed 1040 Tax Return or W2 Form
- A signed copy of the Grant Guidelines Form (pg. 4)
- A signed copy of the Grant Disclaimers (pg. 5)

List all immediate WoodmenLife family members living in household & Certificate Number(s):

Name _____ # _____ Name _____ # _____

Name _____ # _____ Name _____ # _____

Name _____ # _____ Name _____ # _____

Name _____ # _____ Name _____ # _____

Which Chapter(s) does your family belong to? _____

EDUCATIONAL INFORMATION

I have graduated (or will graduate) from _____ High School on (date) _____

Have you taken the SAT/ACT (Graduating High School Senior only)? _____

What were your HIGHEST scores (Graduating HS Senior only)? SAT –Verbal _____ Math _____ ACT _____

What is your current cumulative Grade Point Average? _____

Institution you plan to attend/are currently attending _____

What will you be next semester? Freshman Sophomore Junior Senior

Is this a Bridge Program? Yes No

How do you plan to pay for your education? Check all that apply.

Parents Savings Other Scholarships Loan Other _____

FAMILY INFORMATION (Attach copy of Parents'/Stepparents' previous Form 1040 or W2)

Parents' Marital Status: Married Divorced

Is either parent deceased? _____ Year _____ Name _____

PLEASE COMPLETE ONLY WITH PRIMARY PARENT, IF APPLICABLE.

Full Name	Occupation	Annual Income
Father _____	_____	\$ _____
Mother _____	_____	\$ _____
Stepparent _____	_____	\$ _____
Stepparent _____	_____	\$ _____
Spouse, if married _____	_____	\$ _____
Applicant (if employed _____ & non-dependent on parents)	_____	\$ _____

Describe any family issues that would help the committee to understand your needs: (i.e. change in job status) _____

List Dependent children who reside in applicant's household, excluding applicant:

Name	Age	Grade	School or College	Estimated Tuition Cost Next Year
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

List Activities, Interests, and Honors Received

WoodmenLife Activities * _____

- WOW Camper ____ yrs
- WOW Counselor ____ yrs
- WOW Camp CIT ____ yrs
- Unified Cause Participation
- Join Hands Day
- In Honor & Remembrance
- Flags Across America
- Make a Difference Day
- Chapter Functions/Meetings

At school _____

At church _____

In the community _____

Other _____

***Signature required by:**
WoodmenLife Representative/Chapter Officer _____

*Signature must be obtained only after the above information is completed by the applicant.
WoodmenLife Representative/Chapter Officer may not sign incomplete applications.

The **CHARLES D. ANDERSON GRANT PROGRAM** is an official South Carolina Jurisdictional Project. The program, which began in 1978, is **COMPLETELY** funded by the WoodmenLife Chapters of this state and through Jurisdictional Fund Raising Projects. All awards are made by and are subject to annual review by the Fraternal Services Committee:

Guidelines to Receive an Award from the Charles D. Anderson Grant Fund

1. Sign the enclosed Guidelines and mail it back to the WoodmenLife, South Carolina Regional Office with your application. If it is not received by the application deadline, **March 15th**, your application will not be reviewed for a grant award.
2. If you are awarded a grant you must sign the Statement of Acceptance letter and mail it back to the WoodmenLife, South Carolina Regional Office. If it is not received by **July 1st**, your grant will be awarded to another applicant.
3. By **July 1**, you must notify the WoodmenLife, South Carolina Regional Office when (the date) and where the payment is to be made. Payment will be mailed to the recipient and made out to the institution you are attending. It is the responsibility of the recipient to get payment to the institution. You must notify the WoodmenLife, South Carolina Regional Office if you change institutions.
4. A copy of all wage earners within your household, i.e., your parents, stepparent, and/or guardian's completed Federal Income Tax return for the most current tax year must be sent to the WoodmenLife, South Carolina Regional Office no later than April 15th to corroborate your application tax information. If you, the applicant, are employed, a copy of your completed Federal Income Tax return must also be included.
5. Applicant's certificate must be in good standing for 3 years prior to issuing award.
6. If I am chosen to receive a grant award, I understand and agree to the following:
 - A. That the funds will be sent to me and made out to the institution that I will be/am currently attending, and that I will notify the committee by July 1st of payment details.
 - B. All information in this application is true and accurate to the best of my knowledge. I will notify committee of any significant change in my status.
 - C. All award winners will be notified by June 1.
 - D. This is a one-time benefit.
7. Sign and return this letter with your application. Keep a copy of this letter for reference.

Applicant's Signature _____

Date: _____

Parent's Signature _____

Date: _____

Charles D. Anderson
Grant Disclaimers

This grant is open to WoodmenLife members who have a policy in their name that has been in good standing for at least three (3) years. The award is a one (1) time benefit of \$1,000.00.

Awards are based on the student's completed application. All sections of the application are to be filled out prior to submission. All required documentation, including entire application, must be submitted by the March 15th deadline to be considered for an award.

Applicant will be a full-time student (12 hours/ Semester Undergraduate)

Applicant must be 21 years of age or younger at the time of application deadline.

Applicant must have a GPA of 2.0 or higher.

Grant funds will be mailed to the recipient made out to the institution applicant will be attending. Funds will NOT be sent if Statement of Acceptance letter is not returned to the WoodmenLife Regional office by the July 1st deadline.

All decisions are final and not re-viewable. By signing the application, applicants and/or their guardians agree to waive all rights of dispute.

A disclaimer is intended to specify rights and obligations of all parties involved with the grant application. The disclaimer is meant to limit any liability to South Carolina Jurisdiction and WoodmenLife South Carolina Regional office.

This benefit is not associated with WoodmenLife Woodmen of the World Life Insurance Society. It is administered by volunteers of the South Carolina Jurisdiction who have sole authority and responsibility in all grant decisions. Final decisions may not be appealed to the South Carolina Jurisdiction or WoodmenLife Woodmen of the World Life Insurance Society.

Judging criteria will not be published or revealed to any applicant.

Acknowledgement Signature

Date