APPLICATION FOR SCHOLARSHIP

South Carolina Association Of Extension Administrative Professionals

SCHOLARSHIP GUIDELINES

- **This scholarship is offered to students* pursuing their associate or baccalaureate degree in the Administrative Office Technology, Accounting, Business Management, or Business Administration field.**
- **Applicant must have a grade point average of 3.0 ("B") or higher.**
- **All applicants will be considered regardless of race, gender, religion, age, or disability.**
- **Applicant must be a resident of South Carolina.**
- **The applicant's privacy will be protected.**

Also includes members of SCAEAP and their children.

I. DATA REGARDING APPLICANT

Name of Applicant _____
Last *First* *Middle*

Residence _____
Street/PO Box *City/State* *Zip*

E-Mail Address _____

Father's /Guardian Name_____ **Occupation** _____

Mother's/Guardian Name_____ **Occupation**_____

Parents Address

_____
(If different from Applicant)

School Currently Attending _____

College/University Applicant Desires to Attend _____

Degree Applicant Desires to Pursue: ***(Please mark one of the following)***

◯ ***Administrative Office Technology*** ◯ ***Accounting*** ◯ ***Business Management*** ◯ ***Business Administration***

II. ATTACHMENTS

- □ **Certified record of high school or college grades. Must have seal or meet the institution's guidelines for an official transcript.**
- □ **Two Letters of Recommendation. One from a high school teacher or college department head. One from other personal source that is not a relative (employer, guidance counselor, coach, etc.).**
- □ **List of extracurricular activities participated in during high school or college. Please include memberships in student societies, awards received, employment opportunities, etc.**
- □ **One-page essay describing applicant's need for scholarship and career goals. Must be typed in Times New Roman, 12-point font with double spacing and all margins set to 1 inch.**

The above application is true and correct, and I intend to pursue a career in Administrative Office Technology, Accounting, Business Management, or Business Administration.

_____ _____

Signature of Applicant *Date Submitted*

III. DEADLINE:

Scholarship application and requested attachments must be postmarked no later than Friday, March 06, 2026. Applications must be mailed by the applicant to the scholarship chair. Application and attachments submitted to other county extension offices or e-mailed will not be considered.

Send application with attachments to:

Lacey Scoggins
SCAEAP Scholarship Chair
Clemson Cooperative Extension Service
Clarendon County Office
21 West Rigby Street
Manning, SC 29102