

# Lake City High School Alumni Association



## 2023 Scholarship Application & Instructions 2023

The Lake City High School Alumni Association (LCHSAA) Scholarship is designed to help support students with a financial need desiring to achieve a post-secondary education. Specifically, this scholarship will help graduates of Lake City Early College High School and J. Paul Truluck Creative Arts & Science Magnet School purchase textbooks and or supplies to support his/her post-secondary education.

### *Award Details for Spring Semester:*

- Applicants attending a 4-year institution will be considered for a \$1,000 award.
- Applicants enrolling in an associate degree program will be considered for a \$500 award.
- Applicants enrolling in certification programs will be considered for a \$250 award.
- When the award is made the student will receive a certified check which will be given to the student after Proof of Enrollment is received.

### *Requirements for receiving the scholarship:*

- Student must complete the enclosed scholarship application in its entirety.
- Student must submit a typed personal statement. The statement should be no more than 500 words in length. Titled “**How Will I Give Back To Lake City High Alumni After Graduating From High School?**”
- Student must have officially been accepted into a post-secondary school of learning.
- Student must have a minimum 2.5 GPA for 4-year institutions and 2.0 GPA for associate degrees and certification programs.
- Student must demonstrate a high degree of professionalism, a commitment to learning and community involvement during the interview.
- Student must submit two (2) letters of recommendation from an educator, mentor, and/or a community representative.
- Student must submit an official high school transcript.

The Scholarship application due date/deadline is **Friday, March 31, 2023**. Please return the completed application packet to Lake City High School Guidance Counselor.

The guidance Counselor will then submit completed scholarship application packets to:  
[lchsalumnischolarship@gmail.com](mailto:lchsalumnischolarship@gmail.com).

Scholarship applications will be reviewed by the LCHSAA Scholarship Committee. Award(s) will be presented at the high school(s) Awards Day program.

**Lake City High School Alumni Association**  
**P.O. Box 1162**  
**Lake City, SC 29560**

# Who can apply?



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**2023 LAKE CITY HIGH SCHOOL ALUMNI ASSOCIATION 2023  
SCHOLARSHIP APPLICATION**

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**Submit to:** The Lake City High School Counseling Office  
652 N. Matthews Road  
Lake City, SC 29560  
(843) 374-5119

**Office Use Only:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_  
**Received By:** \_\_\_\_\_  
**Code:** \_\_\_\_\_

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*Please answer or complete every item in each section to avoid processing delay. **Print** legibly or type in this application. Use **black ink** only.*

**SECTION I: PERSONAL INFORMATION**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone (Hm or Cell): \_\_\_\_\_ (Wk.): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
(Area Code) (Area Code) (mm/dd/yyyy) (Optional) (Optional)

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

Mailing Address (if different from above): \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Parent/Guardian: \_\_\_\_\_  
(Last) (First) (Middle)

Telephone (Hm or Cell): \_\_\_\_\_ (Wk.): \_\_\_\_\_  
(Area Code) (Area Code)

**SECTION II: COMMUNITY SERVICE INFORMATION**

Where: \_\_\_\_\_ Numbers of Hours: \_\_\_\_\_

Where: \_\_\_\_\_ Numbers of Hours: \_\_\_\_\_

**SECTION III: HIGH SCHOOL INFORMATION**

Name of high school you attend: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) Date of high school graduation: \_\_\_\_\_  
(mm/dd/yyyy)

Will you receive: Diploma GED Other \_\_\_\_\_  
(Type/Describe)

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## 2023 LAKE CITY HIGH SCHOOL ALUMNI ASSOCIATION 2023 SCHOLARSHIP APPLICATION

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Have you taken the SAT or ACT?  Yes  No

Are you currently taking or have taken Dual Credit courses?  Yes  No

Do you plan to take or have you taken advanced placement examinations?  Yes  No

### SECTION IV: COLLEGE RECORD, LICENSING OR CERTIFICATION PROGRAMS

List all colleges you have applied to (if applicable):

College/University/Technical	Bachelor/Associate/Certification	City/State	Accepted (yes, no or pending)	Start Date

### SECTION V MAJOR AREA OF STUDY/DEGREE

Anticipated Major and Minor : \_\_\_\_\_

Anticipated licensing/certification: \_\_\_\_\_

### SECTION VI: APPLICANT STATEMENT

#### ◆ IMPORTANT ◆

**Please read the following statements and certify by signing below if you understand and accept the statements as being your own.**

- I understand that withholding any information requested in this application or giving false information gives the LCHSAA Scholarship Committee the right to decline my application.
- I understand that the LCHSAA Scholarship Committee has the right to decline or rescind any scholarship award made to me.
- I consent to the release of personal, academic, behavioral, and extracurricular information from my student records to the LCHSAA Scholarship Committee for their consideration in connection with the awarding of the LCHSAA Scholarship.
- Upon receipt of student's proof of enrollment (class schedule) the LCHSAA will submit the scholarship check to the address on this application, unless otherwise noted by the recipient within 7-14 business days of receiving the documents. Students may also pick-up awards in person. If a student designates someone else to pick up the award a letter of authorization must be submitted.

By signing below, I certify the above statements are true and this application is complete and accurate.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Required if student is under the age of 18)*