

# Lake City High School Alumni Association



## 2025 Scholarship Application & Instructions 2025

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. This scholarship will help graduates of Florence County School District #3 purchase textbooks and or supplies to support his/her post-secondary education.

### *Award Details:*

- Applicants will be considered for:
  - 1 - \$ 1,000
  - 3 - \$ 500
- When the award is approved the student will receive a certified check 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, 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.
- 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 **Thursday, April 24, 2025**. Please return the completed application packet to your 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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## 2025 LAKE CITY HIGH SCHOOL ALUMNI ASSOCIATION 2025 SCHOLARSHIP APPLICATION

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Submit to Guidance Counselor:

**Lake City Early College High School Counseling Office**  
652 N. Matthews Rd., Lake City, SC 29560  
(843) 374-5119

**J. Paul Truluck Creative Arts and Science Magnet School Counseling Office**  
319 Carlisle St., Lake City, SC 29560  
(843) 374-8685

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: \_\_\_\_\_

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

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

**2025 LAKE CITY HIGH SCHOOL ALUMNI ASSOCIATION 2025  
SCHOLARSHIP APPLICATION**

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)*