



SCHOLARSHIP APPLICATION

Scholarship Application Overview

The South Carolina Convenience & Petroleum Marketers Association Scholarship program is intended to benefit the families and employees of virtually all of our members. It is designed to assist with any post high school education for those graduating high school or currently attending a higher education institution. The school to which someone applies or is attending must be an accredited vocational school or a two- or four-year college or university. Selection is not based with regard to race, color, or gender. The scholarship program is administered by the Association and awards will be sent to the designated school in the name of the recipient. Awards are distributed annually and only given to an individual once.

Eligibility

1. Employees and/or their family members (spouse or child) of any company that is a member of SCCPMA are eligible. This includes both Marketer and Associate Members.
2. **Owners or officers** or their family members from a SCCPMA member company are not eligible to apply for or receive a scholarship award.
3. Applicants must be a high school graduate or have an equivalent certification.
4. Applicants must be enrolled in their choice of post high school institution at the time of receipt of the scholarship.

Application Process

1. Complete the application.
2. Obtain and attach a copy of your high school transcript or current higher education transcript.
3. Attach additional pages as needed.
4. Email to info@sccpma.com or
Mail to **Attn. Scholarship Committee, SCCPMA, PO Box 64, Columbia, SC 29202**



Applicant Information

First Name: _____ Middle Initial: ___ Last Name: _____
Mailing Address: _____ City: _____ State: ___ Zip: _____
Email: _____ Phone: _____ SSN/Student ID #: _____

SCCPMA Member Relationship

First Name: _____ Middle Initial: ___ Last Name: _____
Name of Business: _____ Job Title: _____
Mailing Address: _____ City: _____ State: ___ Zip: _____
Email: _____ Phone: _____
Relationship to Applicant: _____

High School or Current Higher Education Information

Name of School: _____
Mailing Address: _____ City: _____ State: ___ Zip: _____
Email: _____ Phone: _____
Principal or Dean: _____ Expected Graduation Date: _____



School Applicant Plans to Attend or is Attending

Name: _____

Mailing Address of Financial Aid Office: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Major: _____

Check One: 2 Year Program 4 Year Program Vocational

Classification for the Fall Semester: _____
 (i.e. Freshman, Sophomore, Junior, Senior)

Activities, Awards and Honors

List all of your school or volunteer activities from high school and/or higher education years.

Activity	Number of Years	Office Held



Special Honors or Awards: (List below)

Goals

Please indicate your goals related to higher education and career interests.



Past Work Experience

Extenuating Circumstances

Please indicate any personal or family circumstances that have affected your achievements or has hindered your participation in school, work, or community activities.