



South Carolina Law Enforcement Officers' Foundation

Mail: Post Office Box 210709 • Columbia, SC 29221-0709
Location: 7339 Broad River Road • Irmo, South Carolina 29063
(803) 781-5913 • 800-922-0038



2010 Scholarship Application

Name _____
(first) (middle) (last)

Social Security Number _____ Phone () _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Name of High School _____

Principal or Headmaster _____

School Mailing Address _____

City _____ County _____ State _____ Zip _____

School Phone Number _____

The following items must accompany this completed application:

1. Essay of a minimum of 1,000 words, double spaced, on the designated topic.
2. High school or preparatory school transcript.

List schools attended by years and date of high school or preparatory graduation:

Name of Father _____

Please indicate living deceased

Is your father a member of SCLEOA? _____

Address _____

Occupation _____

College attended _____

How many brothers do you have? #____ Older #____ Younger

Name of Mother _____

Please indicate living deceased

Is your mother a member of SCLEOA? _____

Address _____

Occupation _____

College attended _____

How many sisters do you have? #____ Older #____ Younger

What occupation or profession are you planning to pursue? _____

If undecided about your occupation or profession, name in order of preference those you are considering:

(1) _____

(2) _____

(3) _____

Where do you plan to attend college? _____

List by school year all your honors and accomplishments for which you have been recognized:

List by school year all community activities and clubs and any office held in each:

List your job history, if any:

Are you getting any financial assistance from any source other than parents? _____

If so, how much and from whom? _____

References: Please list the names of three persons that have known you for five years or more. Do not list members of your family, your principal/headmaster, or guidance counselor.

(a) Name _____

Address _____

(b) Name _____

Address _____

(c) Name _____

Address _____

How long have you lived in South Carolina? _____

By signing below, you certify that all the information that you have provided is correct and that, in the event that you are awarded an SCLEOF Scholarship, you authorize the release of this information along with your photograph for use in the SCLEOA publications and /or web site.

Signature _____

Attach Transcript to this page.

NOTE: This page must be completed by the school guidance counselor, principal, or headmaster.
This information is requested and received in confidence.

SCLEOF Scholarship Nomination Form

1. Scholastic Record of _____
(name of applicant)

(a) In a Senior class of _____ members, the nominee ranked _____
(exact rank)

(b) SAT Score Total _____ CR _____ M _____

(c) ACT Composite Score _____

Has nominee taken the National Merit Scholarship Qualifying Test? Yes _____ No _____

Finalist _____ Semifinalist _____

(d) List below other test scores:

Name of test	Date taken	Score

2. Do you recommend this student for an SCLEOA scholarship award? Yes _____ No _____

3. Why?

Name _____

Title _____

Phone _____

(This nomination will not be accepted without the signature of the principal,
headmaster or guidance counselor.)



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Please indicate living deceased

Is your mother a member of SCLEOA? _____

Address _____

Occupation _____

College attended _____

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