

South Carolina State Employees Association

ANNE A. AGNEW SCHOLARSHIP PROGRAM

In 1976 the South Carolina State Employees Association named its scholarship program in honor of Mrs. Anne A. Agnew, the Association's first Executive Director. On November 3, 1980, the Anne A. Agnew Scholarship Foundation was officially incorporated, and on October 5, 1981, the Foundation received final state and federal tax-exempt status.

The SCSEA Anne A. Agnew Scholarship Foundation annually sponsors scholarships, with the amounts determined by the Scholarship Foundation Board. These scholarships are awarded to SCSEA members, spouses and children of SCSEA members, or deserving others **who have completed at least one academic year and are currently enrolled at a recognized and accredited college, university, trade school, or other institution of higher learning.** *If you are currently a high school student or a college freshman with no previous college credits, you are not eligible for the Agnew Scholarship. If you are a graduate student, you are eligible--be sure to include official transcripts of all previous college work.*

Prime consideration for these scholarships are academic records and financial need, but additional criteria will be evaluated, including character, school and community activities, expressive ability in written form, personal motivation, and leadership potential.

All applicants must complete the application form **in its entirety** and submit it to SCSEA, along with an **official** transcript of **college** work completed and the required educational objective statement. **(Incomplete applications will not be considered by the Scholarship Committee. If a particular section of the application does not apply to you, place "N/A" in that section.)** **The application, transcript and educational objectives statement must have all been received in the SCSEA office by May 1 to be considered. Only official transcripts will be accepted--no faxed or photocopied transcripts are acceptable.** Review and final selection of the scholarship winners will be the responsibility of the Scholarship Committee of the South Carolina State Employees Association.

**APPLICATIONS AND DONATIONS TO THE
ANNE A. AGNEW SCHOLARSHIP FOUNDATION
SHOULD BE MAILED TO:**

**ANNE A. AGNEW SCHOLARSHIP FOUNDATION
S. C. State Employees Association
P. O. Box 8447
Columbia SC 29202-8447**

The SCSEA office is located at 1325 Park Street (between Lady and Washington Streets) in Columbia, S. C. Telephone: (803) 765-0680 (Toll Free: 1-877-882-4025) E-mail: SCSEA@scsea.com Fax: (803) 779-6558 Web Page: SCSEA.com

Completed application, official college transcript, and 200-word statement must be received by May 1 to be considered.

II.

Educational Background

A. College or university presently enrolled:

(1) Major course _____

(2) Anticipated degree _____

(3) Anticipated graduation date _____

(4) Classification _____
Senior Junior Sophomore Freshman

B. Proposed occupation/profession _____

C. List principal high school, college, and community activities in which you have participated and any offices held or honors received in recent years:

III.

Family Information (If applicable--do not complete if you are self-supporting)

A. General

Parents

Father/Stepfather/Guardian

Mother/Stepmother/Guardian

Name _____

Name _____

Street address _____

Street address _____

City/State/Zip _____

City/State/Zip _____

Occupation/Title _____

Occupation/Title _____

Employer _____

Employer _____

Social Security Number _____

Social Security Number _____

Number of years with employer _____

Number of years with employer _____

B. Self and/or spouse

Self

Spouse

Name

Name

Street Address

Street Address

City/State/Zip

City/State/Zip

Occupation/Title

Occupation/Title

Employer

Employer

Social Security Number

Social Security Number

Number of years with employer _____

Number of years with employer _____

C. Income and resources (Check and complete **only those portions which apply to you.** If you receive no income from father, mother, etc., place **N/A** in the boxes.)

	Annual Gross Income	Monthly Net Income (Wages, Salaries)	Monthly Non-Taxable Income (Social Security, VA, etc.)	Interest (Interest, Alimony, Dividends, etc.)
<input type="checkbox"/> Father				
<input type="checkbox"/> Stepfather				
<input type="checkbox"/> Mother				
<input type="checkbox"/> Stepmother				
<input type="checkbox"/> Guardian				
<input type="checkbox"/> Self				
<input type="checkbox"/> Spouse				

D. Give information on yourself and all other dependents who receive financial support in your household:

Name	Name of school or college attended	Educational Expenses		Financial Aid	
		Tuition & Fees	Room & Board	Scholarships or Grants	Loans
Applicant					

IV. **Other financial aid to applicant**

- (1) Work-Study Program (Total amount anticipated during coming year): \$ _____
- (2) Financial assistance from relatives or friends: \$ _____
- (3) Educational insurance policy: \$ _____
- (4) Veteran's Benefits (include only the applicant's benefits from the Veteran's or Dependent Educational Assistance Program): \$ _____
- (5) Social Security/SSI Benefits (include only the student's benefits): \$ _____
- (6) Child support: \$ _____ According to court order, when will support end?
 Month _____ Year _____
 Is there any agreement specifying a contribution for student's education?
 Yes _____ No _____ If yes, how much per year? \$ _____

V. **Certification**

All information submitted will be held strictly confidential.

Signature of applicant

Signature of parent/guardian (if applicable)

Date _____

Date _____

Please be sure you have completed all sections of the application. If a particular section does not apply to you, place "N/A" in that section. Incomplete applications will *not* be considered by the Scholarship Committee.

Mail application, transcript, and educational objective statement to:

SCSEA Agnew Scholarship Committee
 P. O. Box 8447
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