

Lancaster County Clemson Club Scholarship

First name	Middle	Last
Home mailing address		
City		State Zip
Home phone	Cell phone	Email address
Parents'/guardian's names		
Parents'/guardian's occupa	ation	
Parents'/guardian's occupa	rsity information	
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Education experiences

Date of graduation	High School GPA
se provide sectional scores) - optio	nal
hool/College	
roles	
	se provide sectional scores) - optio

Community activities	
Community activities	
Community honors	
Community leadership roles	
References (other than family members)	
Reference name	Phone
Reference name	Phone
Reference name	Phone

Your commitments

I und	erstand and agree to the stipulations below for receiving this scholarship.
	I am in the top 25% of their high school class and demonstrate financial need, scholarly achievement and academic potential.
	I am a full-time resident of Lancaster County for each year I accept the scholarship.
	I must maintain a 2.8 G.P.R while taking a minimum of 12 hours per semester at Clemson University.
	I will be expected to maintain exemplary grades, behavior and class attendance.
	I will be expected to provide regular written and in-person progress reports to Lancaster County Partners for Youth.
	I will be required to sign a <i>Memorandum of Understanding</i> detailing these commitments.
	Applicant's signature Date

Return this application, along with a copy of your most recent college transcript and a cover letter expressing why you chose to attend Clemson, by 4 p.m. March 29, 2024 to:

Date

Mailing Address

Parent's/guardian's signature

Sharon Novinger
Lancaster County Partners for Youth Foundation
P.O. Box 1023
Lancaster, South Carolina 29721

Or complete, sign, scan, and return the application to sharon@lcpartnersforyouth.org.

Interviews will be in the later part of April/early May. Also, scholarship applicants are contacted via the email address provided on the application. Any questions, call 803-286-1465 or email sharon@lcpartnersforyouth.org.