Crenshaw Visions Scholarship

Partners for Youth

First name	Middle	Last	
Home mailing address			
City		State	Zip
Home phone	Cell phone	Email address	
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Education experiences

High school from which you will graduate	Date of graduation	GPA
Highest SAT/ACT (please provide sectional scores)		
High School Extracurricular activities		
High School Honors		
High School Leadership Roles		
Moule experience(e)		
Work experience(s) Past/current jobs		
Tust, carrent jobs		



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

Should I receive this scholarship I understand and agree to the stipu	lations:			
☐. If I do not complete a degree that meets the requirements of t will be required to repay the scholarship.	his scholarship, I			
☐ I will be expected to maintain exemplary behavior and class a enrolled in at least 12 hours of coursework with a minimum 2.50 semester.				
☐I will be expected to provide regular written and in-person progress reports to <i>Partners for Youth</i> .				
☐I will be required to sign a <i>Memorandum of Understanding</i> detail commitments.	ling these			
Applicant's signature	Date			
Parent's/guardian's signature	Date			

Return this application, along with a copy of your most recent high school transcript and a cover letter expressing why you want to become a Business and/or Marketing major, by 4 p.m. March 24, 2023 to

Mailing Address
Partners for Youth
P.O. Box 1023
Lancaster, South Carolina 29721

Or scan and email a PDF version to sharon@lcpartnersforyouth.org

Interviews will be in the later part of April/early May. Applicants will be contacted at the email address provided on the application. If you have any questions, please call 803-286-1465 or email the Lancaster County Partners for Youth Foundation at sharon@lcpartnersforyouth.org.

