

Teaching Scholarship – High School Student

Partners for Youth

Personal information

_____	_____	_____
First name	Middle	Last

Home mailing address		

_____	_____	_____
City	State	Zip

_____	_____	_____
Home phone	Cell phone	Email address

Parents' / guardians' names		

Parents' / guardians' occupation		

College information

Anticipated choice of college(s)	

_____	_____
Colleges to which you have been accepted	Projected Enrollment Date

Planned major (check as many as applicable):

- Elementary Education**
 - K-2
 - 3-5
- Secondary Education**
 - Business Education
 - Math
 - Computer Science
 - Science
 - English
 - Social Studies
 - Foreign Language
 - Vocational Education
- Special Areas**
 - Art
 - Physical Education
 - Library Science
 - Special Education
 - Music
- Other** (Please specify) _____



Education experiences

High school from which you will graduate

Date of graduation

GPA

Highest SAT/ACT (please provide sectional scores) - optional

High School Extracurricular activities

High School Honors

High School Leadership Roles

Work experience(s)

Past/current 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 stipulations:

- For every year I accept this scholarship, I will be required to teach one year in a school that is a part of the Lancaster County School District. If I am unable to become employed as a teacher within six months of college graduation the scholarship will hence be treated as a loan. A repayment plan will then be agreed upon between Partners for Youth and you.
- If I do not complete a degree that meets the requirements of this scholarship, I will be required to repay the scholarship.
- I will be expected to maintain exemplary behavior and class attendance while enrolled in at least 12 hours of coursework with a minimum 2.5 GPA per semester.
- I will be expected to provide regular written and in-person progress reports to *Partners for Youth*.
- I will be required to sign a *Memorandum of Understanding* detailing these commitments.

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 teacher, 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.