



# Lancaster County Clemson Club Scholarship

## Personal information

First name	Middle	Last
Home mailing address		
City	State	Zip
Home phone	Cell phone	Email address
Parents' / guardian's names		
Parents' / guardian's occupation		

## Clemson University information

I am interested in one or more of the following colleges of study at Clemson University:

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Life Sciences | <input type="checkbox"/> Education                                   |
| <input type="checkbox"/> Architecture, Arts and Humanities       | <input type="checkbox"/> Engineering, Computing and Applied Sciences |
| <input type="checkbox"/> Behavioral, Social, and Health Sciences | <input type="checkbox"/> Science                                     |
| <input type="checkbox"/> Business                                | <input type="checkbox"/> Honors College                              |

I am planning to major in \_\_\_\_\_.



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## 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

\_\_\_\_\_



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Community activities

Community activities

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Community honors

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Community leadership roles

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**References (other than family members)**

Reference name	Phone
Reference name	Phone
Reference name	Phone



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## Your commitments

I understand and agree to the stipulations below for receiving this scholarship.

- I am in the top 25% of their high school class and demonstrate 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 *Memorandum of Understanding* detailing these commitments.

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Applicant's signature

Date

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Parent's/guardian's signature

Date



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**Return this application, along with a copy of your most recent high school transcript and cover letter explaining why you want to attend Clemson, by 4 p.m. March 24, 2023 to**

Mailing Address

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](mailto:sharon@lcpartnersforyouth.org).

*Interviews will be in the later part of April/early May. Applicant will be contacted at the email address provided to PFY. If you have any questions, please call 803-286-1465 or email the Lancaster County Partners for Youth Foundation at [sharon@lcpartnersforyouth.org](mailto:sharon@lcpartnersforyouth.org).*



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