



Information for Scholarship Applicant for Students Seeking an

Associate's Degree

*Please note: This form is for senior(s) seeking a two-year degree upon graduation from Clover High School. Students seeking a four-year (bachelor's degree) or a non-degree certification **SHOULD NOT** use this form. If you have questions about using the correct form, please contact the alumni association at 803-810-8083 or at ginger.marr@clover.k12.sc.us. Applications submitted using an incorrect form will not be considered.*

Scholarship funds will be awarded to students seeking an associate's degree at an accredited institution. The awarded amount will be split between two consecutive academic semesters. Scholarship applications are available to Clover High School seniors demonstrating strengths in the following areas:

1. **Achievement:** GPA (Weighted GPA will be calculated by Clover High School using a 5-point scale.)
2. **Service:** Demonstrate involvement in community service (school and non-school)
3. **Leadership:** Demonstrate leadership through active membership in school or community organizations.

The 2026-27 scholarship amount will be \$1,000.00. Funds are distributed directly to the institution.

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Please place the information below along with the completed application in one envelope. **Please note:** **Incomplete applications will not be considered.**

1. **Two Recommendation Forms:** One letter of recommendation should be from the community member such as your minister, employer, etc. (not a relative) and one from a school faculty member such as a coach, teacher, principal, etc. These forms should be provided in sealed envelopes (signed across the envelope seal by the individual completing the form). **Please note: Recommendations must be rated on the form provided. Recommendations without the use of this form will not be considered.**
2. **Transcript:** An official high school transcript in a sealed envelope. The transcript should be stamped with the school seal and signed by the principal or his/her designee (signed across the envelope seal by the individual preparing the transcript).
3. **Post-Secondary Information:** Provide a copy of the acceptance letter from the institution you will be attending.
4. **Essay:** A personal essay must be provided. (Please see essay instructions.)
5. **Disbursement Agreement:** Agreement for Disbursement of Scholarship Funds Form

Students may obtain a copy of the application from the Clover High School Guidance Department. ***All applications must be submitted to the Clover High School Guidance Office by December 15 to be considered.***

Applicant Data

Please complete the following information:

Name (Last, First, Middle)			
Date of Birth		Gender	
Permanent Address			
City, State, Zip Code			
Telephone Number			
E-Mail			

Academic Information

Please complete the following information:

College/University Planning to Attend	
Anticipated Major	

Please answer the following:

Have you filed a Free Application for Federal Student Aid form (FAFSA)	Yes	No
Have you received notice of any financial aid?	Yes	No
If yes, what is the total amount of financial aid you will receive?		
Have you applied for or received additional scholarship funds?	Yes	No
If yes, what is the total amount of additional scholarship funds you could receive?		

Community Service

Please list school and non-school community service involvement below:

[illegible]

Extracurricular Activities

Please list all extracurricular, school and community activities in which you are involved.

[illegible]

Leadership Roles

Please list all leadership roles you have held in the community service and extracurricular activities listed above.

[illegible]

Special Awards & Honors

Please list all special award and honors you have received.

[illegible]

Essay Instructions

Type a short essay answering only one of the questions below. Essay requirements are: Your essay should be one page, include the topic below as the title, be double spaced, Times New Roman (12 font), and submitted with the application packet. Responses should be your original work. AI-generated text will not be considered.

1. Describe what makes you proud to be a Clover High School Graduate.
2. How have your community service experiences influenced your life?
3. How do you plan to make a difference in the community after completing your college education?

Clover School Alumni Association Scholarship Recommendation Form

(Recommendation must be placed in a sealed envelope.

Envelope must be signed across the seal by the individual completing the form.)

Student Name:

Last

First

Middle

Please complete the following form for the above-named student and return to the student in a sealed envelope. The envelope must be signed across the seal by the individual completing the form.

Name of person completing the recommendation: _____

How long have you known the student? _____

In what capacity have you known the student? _____

Please circle on in each category:

Quality	High				Low	
Demonstrates leadership ability	5	4	3	2	1	N/A
Shows initiative	5	4	3	2	1	N/A
Motivated	5	4	3	2	1	N/A
Potential for success	5	4	3	2	1	N/A
Respected by faculty/community	5	4	3	2	1	N/A

Please comment on the scholastic ability and accomplishments exhibited by the student. Also discuss major strengths or weaknesses and assess his/her potential to succeed academically.

Print Name _____

Signature _____

Title _____

Date _____

**Clover Schools Alumni Association
Scholarship Application Disclaimer**

Agreement for Disbursement of Scholarship Funds

I, _____, (Parent/Guardian) acknowledge and understand that the scholarship award, if received, will only be disbursed directly to the college/university identified by the scholarship recipient, _____. (Student's Name). Funds will be divided between two consecutive academic semesters.

The Clover Schools Alumni Association Scholarship funds will be forwarded to the institution upon receipt of the Enrollment Verification Form in one of the following ways:

1. Placed in the student's account with the Financial Aid Office and/or Student Affairs Office.
2. Place in a recognized university/college bookstore account in the student's name.

I understand and accept these conditions for the disbursement of any scholarship award that my son/daughter may receive.

Parent/Guardian (Signature)

Parent/Guardian (Print Name)

Date