



**Clover Schools Alumni Association**  
Connecting Alumni, School, and Community

Information for Scholarship Applicant  
for students seeking

Industry Required Certifications

(Do NOT use this form if receiving an Associate's degree)

Please note: This form is for senior(s) seeking a non-degree certification. For example, students using this form will NOT receive an associate's degree at all, but will ONLY receive a certification. Examples of appropriate applicants include areas such as auctioneer, line worker, EMT, cosmetologist, EKG technician, patient care technician, etc. Students seeking a four-year (bachelor's degree) or a two-year (associate's degree) 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](mailto:ginger.marr@clover.k12.sc.us). Applications submitted using an incorrect form will not be considered. Scholarship funds will be awarded to students seeking a technical or industry required certifications. 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)
2. 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 program. Funds distributed for the purchase of equipment needed will require a valid receipt of purchase.

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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. One Recommendation Form: One letter of recommendation from a school faculty member in the area of your desired vocation/trade. This form should be provided in a sealed envelope (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 is required.
3. Short Answer: Provide answers to the questions on page. Responses should be your original work. AI-generated text will not be considered.
4. Disbursement Agreement: Agreement for Disbursement of Scholarship Funds

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 **March 9**, 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:

Program Planning to Attend	
Anticipated area of Certification	

## Community Service

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

Organization	Activity	Grades Involved

### Extracurricular Activities

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

Activity	Grades Involved

### Leadership Roles

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

Activity	Grades Involved

## Special Awards & Honors

Please list all special awards and honors you have received.

Activity	Grades Involved	Description

## Short Answer

In two or three sentences, please answer the following questions. Responses should be your original work. AI-generated text will not be considered.

1. What are your career plans and how will you use this scholarship?

2. Where do you see yourself in five years?

3. Is there anything else you would like the committee to know about you as they consider your application?

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.

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name

\_\_\_\_\_ 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 be used in good faith. For those attending an institution, funds will be disbursed directly to the institution identified by the scholarship recipient, \_\_\_\_\_. (Student's Name). For those using the funds to purchase equipment to begin their chosen trade, a valid receipt of purchase must be provided.

If funds are to be disbursed to an institution, the Clover Schools Alumni Association Scholarship funds will be forwarded to the institution upon receipt of the Enrollment Verification/Cost Form.

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