

**South Carolina Probation and Parole Association**  
**Scholarship Application**

**Application period: March 1<sup>st</sup> to April 30<sup>th</sup>**

Please check one:

\_\_\_\_\_ SCPPA member    \_\_\_\_\_ SCPPA spouse or dependent    \_\_\_\_\_ SCPPA student member

\_\_\_\_\_  
(First Name)    (Middle Name)    (Last Name)

Mailing address: \_\_\_\_\_  
(Street)    (City)    (State)    (Zip)

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_    US Citizen: Yes / No (circle one)

Academic Institution Currently Attending: \_\_\_\_\_  
(Name)    (City/ State)

Academic Advisor: \_\_\_\_\_  
(Name)    (Telephone Number or Email)

Major or Course of Study: \_\_\_\_\_

Current Class Status (check one):    \_\_\_\_\_ High School Senior                          \_\_\_\_\_ College Junior  
    \_\_\_\_\_ College Freshman                          \_\_\_\_\_ College Senior  
    \_\_\_\_\_ College Sophomore                          \_\_\_\_\_ Graduate Student

\*Must attach letter of acceptance from school **or** copy of current registration if already attending.

Current Cumulative Grade Point Average (GPA): \_\_\_\_\_

\*Must attach official transcripts from school currently attending or last attended.

**Applicant must attach essay to application (no more than 1,000 words) stating your reasons for requesting a scholarship and must include relevant information concerning your educational objectives and future career plans.**

**Additional Information**

List any Awards / Honors received: \_\_\_\_\_

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List any community / volunteer / extracurricular activities in which you have participated: \_\_\_\_\_

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List any other professional association memberships or affiliations: \_\_\_\_\_

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Provide any other additional information that you would like for the committee to consider when evaluating your application that has not been addressed in another section of the application: \_\_\_\_\_

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**SCPPA Membership Information**

If you are the **dependent or spouse of an SCPPA member**, please complete the following:

Name of SCPPA member: \_\_\_\_\_

SCPPA member address: \_\_\_\_\_

Date of Membership Expiration: \_\_\_\_\_

Place of SCPPA Member Employment: \_\_\_\_\_

How many years have they been a member of SCPPA? \_\_\_\_\_

SCPPA participation (list any committees / activities in which you have participated): \_\_\_\_\_

\_\_\_\_\_

**All information is true and correct. I authorize the SCPPA Scholarship Committee to verify information contained in this application package.**

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent/ Guardian/ Spouse if applicable Date

**Completed application must be submitted via mail and must be postmarked between the dates of March 1 to April 30 and closes at midnight on April 30<sup>th</sup>**

**No faxed or emailed copies will be accepted**