IIABSC Foundation Member Scholarship Program

The IIABSC Foundation is pleased to announce the second year of a scholarship program exclusively for students of IIABSC members.

- Scholarships are $1,000 per year per student
- Up to five scholarships will be awarded in 2019
- Scholarships are for 1 year – 2019 winners can re-apply for future years

These scholarships are available to graduating high school seniors who are going to college in the fall of 2019 – as well as rising college sophomores, juniors and seniors.

To be eligible for an IIABSC Foundation Member Scholarship students must:
- Be a South Carolina resident
- Have a parent who lives in South Carolina and works for an IIABSC member agency
- Be full-time student at a four-year college during the fall semester of 2019
- Be active in his or her school and community, demonstrate a solid work ethic and possess strong leadership abilities, good teamwork and a desire to succeed
- Submit a personal essay – “How would this scholarship help you?” (250 words or less)
- Letter of recommendation from a teacher, dean or professor

To apply:
- Complete and return the attached application
- Submit a personal essay - how would the scholarship help them? (250 words or less)
- Submit a letter of recommendation from a teacher, dean or professor
- Send all info to:

  Megan Huebner  
  IIABSC Foundation  
  800 Gracern Road  
  Columbia, SC 29210  
  MHuebner@iiabsc.com

All Applications Must Be Received by December 31, 2018
2019 IIABSC FOUNDATION SCHOLARSHIP APPLICATION

ELIGIBILITY
To be eligible for an IIABSC Foundation Member Scholarship students must:

- Be a South Carolina resident
- Have a parent who lives in South Carolina and works for an IIABSC member agency
- Be a full-time student at a four-year college during the fall semester of 2019
- Be active in his or her school and community, demonstrate a solid work ethic and possess strong leadership abilities, good teamwork and a desire to succeed
- Submit a personal essay - “How would this scholarship help you?” (250 words or less)
- Letter of recommendation from a teacher, dean or professor

Entry must be received in our office by: DECEMBER 31, 2018

PERSONAL INFORMATION
Full Name: ________________________________ Salutation: ______________________________

Gender:  Male  Female

Birthdate: ___/___/_______ (MM/DD/YYYY)

Address: __________________________________________________________

(Street) (City) (State) (Zip)

Phone: __________________________ Email: ________________________________

Have you applied for this scholarship before?  YES  NO

EDUCATION
Current School Status (Check one):

- High-school Senior  - College Freshman  - College Sophomore  - College Junior

Please list the educational institution in which you currently attend.

School Name: __________________________________________________________

Location (City, State): __________________________________________________

GPA: ________  Major: __________________________________________________

For High-school Seniors: Which college will you attend? __________________________________________________
SUMMARY OF ACCOMPLISHMENTS
Please list all extra-curricular activities (includes but not limited to, student affairs, athletics, arts, business, fraternal, or social clubs), noting leadership positions held:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Please list awards, honors, and scholarships, with the dates of recognition:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Please list Community Service Activities, with the dates of participation:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

MEMBER AFFILIATION/PARENT INFORMATION
Full Name of Parent: ______________________________________________________________

Agency of Employment: ____________________________________________________________
*Must be an IIABSC Member Agency*

Address: ____________________________________________________________
_____________________________ (Street) ___________________________ (City ) _________ (State) _______ (Zip)

Work Phone (Direct): __________________________________________________________

Work Email: _________________________________________________________________

How Long Employed here? __________

Date: ___________________________ Student Signature: ________________________________

PLEASE SUBMIT A PERSONAL ESSAY & RECOMMENDATION LETTER WITH YOUR COMPLETED APPLICATION.

SEND TO: Megan Huebner
IIABSC Foundation
800 Gracern Road
Columbia, SC 29210
MHuebner@iiabsc.com