

# SOUTH CAROLINA STATE UNIVERSITY SCHOLARSHIP APPLICATION

**NAME OF SCHOLARSHIP APPLYING FOR:**

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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone (Home)

\_\_\_\_\_  
Telephone (Work or Cell)

\_\_\_\_\_  
Student Identification Number (SID #)

\_\_\_\_\_  
Current GPA

\_\_\_\_\_  
Classification

\_\_\_\_\_  
Major Discipline

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION DEADLINE:**

Fall Semester June 15<sup>th</sup> \_\_\_\_\_

Spring Semester November 1<sup>st</sup> \_\_\_\_\_

**Please return completed application to:**

**Office of Financial Aid  
South Carolina State University  
300 College St., NE  
P.O. Box 7386  
Orangeburg, SC 29117  
ATTN: April Perry**