

# **EDUCATION**

# **Unlock Your Potential**

Carolina Trust Federal Credit Union and Horry Telephone Cooperative, Inc. (HTC) have partnered to offer two scholarship awards to local graduating high school seniors who wish to continue their education at either Coastal Carolina University (CCU) or Francis Marion University (FMU). Two \$5,000 scholarships will be awarded to rising college freshmen seeking a four-year degree from CCU or FMU.

#### **Eligibility**

Applicants must:

- Be a graduating high school senior from a high school located in one of the following counties: Horry County, Georgetown County, Marion County, Williamsburg County, or southern Florence County.
- Have at least a 3.0 GPA in high school.
- Be accepted as a full-time student by either CCU or FMU.
- Plan to attend either CCU or FMU in pursuit of a four-year degree.
- Enroll in a minimum of 12 college credit hours (full-time status) at either CCU or FMU.

#### **Application Instructions**

- Type (preferred) or print all requested information.
- Complete the scholarship application in full and mail by March 1, 2024. If any information is incomplete, the application could be rejected. If the application is postmarked after March 1, 2024 the application will be rejected.
- Submit one letter of recommendation from a school faculty member on the form provided.
- Submit one letter of recommendation from a local community individual (other than an educator or family member) on the form provided.
- Include your most recent high school grade transcript with all seven semesters represented including cumulative GPA and Senior Class Rank.
- All signatures must be provided where indicated on the application.

#### **Terms and Conditions**

- Two \$5,000 scholarships will be awarded to rising college freshmen, who graduated high school from one of the counties listed above, and who will attend either CCU or FMU in pursuit of a four-year degree.
- Applications will be reviewed and winners selected by an anonymous qualified selection committee of business professionals.
- Winners will be notified in May 2024.
- Scholarship awards will be paid to the University upon proof of acceptance and registration at either CCU or FMU and verification of student application information submitted.
- Scholarships will be awarded without regard to race, ethnicity, national origin, religion, gender or disability or any other legally protected characteristic.
- Incomplete applications may not be considered. Refer to the checklist on the application form to ensure all components of the application have been fulfilled.
- Employees of Carolina Trust Federal Credit Union and HTC, Inc. nor their children are eligible to participate in this scholarship.
- Neither the Key Scholarship Committee nor the partnering businesses are responsible for any applications that are lost, stolen, or destroyed during delivery.

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tivity	Years (1,2,3,4)	Position (i.e. Treasurer)	Total  Months  Particip	<u> </u>	Average in ries Average Hours Week	ge	Comn	nents (i.e. al Kudos ved)		

<u>Community and Volunteer Activities</u>: List all non-paid community activities in which you have participated in the last four years (i.e., volunteer efforts, church work, etc.). Attach additional page if necessary.

Activity (i.e. Soup Kitchen)	Years (1,2,3,4)	Position	Total Months Worked	Average Hours Per Week	Comments

**Awards and Honors:** List all awards and honors you received in the last four years (including academic, athletic, and/or community awards or honors). Attach additional page if necessary.

Year	Award of Honor	Comments (Why Given)	

**Special Circumstances:** Relay any additional information you feel the Selection Committee should consider in the selection process (i.e., family need, hardships overcome, and other appropriate extenuating circumstances). Please provide this information in an attachment to your application. Please type or print your response. Answer this question only if you feel there are "special circumstances" or important facts to relay.

# **Applicant Certification**

I hereby certify that all of the information provided in this application, including any attachment, is complete and true to the best of my knowledge. I also understand that this scholarship award is contingent upon my meeting all eligibility criteria and the terms and conditions associated with the scholarship. If it is discovered at any time that the applicant did not meet or does not meet the eligibility criteria or the terms and conditions associated with this scholarship, the applicant will be automatically disqualified from receiving the scholarship award. I hereby grant permission to Carolina Trust Federal Credit Union and HTC, Inc. to contact my references and/or school officials if necessary. I also agree that my name and likeness may be used in promotional materials should I be selected to receive a scholarship award. Furthermore, if I am selected as an award recipient, I agree to make an appearance at the Carolina Trust Federal Credit Union Annual Meeting and the HTC Annual Meeting barring any unforeseen detainments if requested to do so by either organization. The application for the Key Scholarship is not a contract, and the applicant should have no expectation of receiving or continuing to receive the Key Scholarship.

Signature of Applicant	Date
Signature of Parent/Guardian if Applicant is 17 years old or younger	
	Date

Applications must be postmarked by March 1, 2024.

Mail completed application and all attachments to:

Key Scholarship Committee

PO Box 8941, Myrtle Beach, SC 29578

## THIS PAGE IS TO BE COMPLETED BY A SCHOOL FACULTY MEMBER

(A teacher or your high school guidance counselor is acceptable.)

This Letter of Recommendation should accompany the completed application in a separately sealed envelope. \*

Applicant's Name	Date
High School_	
Teacher/Counselor's Name	
Position_	
Please describe what you think is important about this student academic and personal characteristics. We welcome any information distinguish this student from others. Please submit your commadditional page if necessary.	mation that will help
Signature of Evaluator_	

\*<u>Teacher/Counselor</u>: Please complete, photocopy, and place both forms in a sealed envelope before returning to student.

## THIS PAGE IS TO BE COMPLETED BY A LOCAL COMMUNITY LEADER

(Someone other than an educator or family member.)

This Letter of Recommendation should accompany the completed application in a separately sealed envelope.\*

Applicant's Name	Date
High School_	_
Community Leader's Name	
Position_	
Please describe whatever you think is important about this studescription of personal characteristics and community related information that will help distinguish this student from others. comments below; attach additional page if necessary.	efforts. We welcome any
Signature of Evaluator_	

\*Community Leader: Please complete, photocopy, and place both forms in a sealed envelope before returning to student.