

THE McALISTER FOUNDATION SCHOLARSHIP

2022-2023 APPLICATION

Applicant's Name: _____

Permanent Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

Date of Birth: _____ Current Age: _____

Mother/Guardian's Name: _____

Occupation: _____

Phone Number: _____

Father/Guardian's Name: _____

Occupation: _____

Phone Number: _____

I live with my ☐ mother ☐ father ☐ both parents ☐ guardian

List the South Carolina colleges to which you have applied:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

List other scholarships or grants for which you have applied:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

List any scholarships or grants you have been awarded for the next four years:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I. EDUCATIONAL AND VOCATIONAL PLANS

What is your anticipated college major? _____

What is your career goal? _____

Why have you chosen this goal? _____

II. **ACTIVITIES RECORD**

✓ Grade when Participated

STUDENT GOVERNMENT ACTIVITIES:	9 th	10 th	11 th	12 th
ORGANIZATION / CLUBS:				
ATHLETICS:				
AWARDS / HONORS:				
COMMUNITY ACTIVITIES:				
HOBBIES:				
EMPLOYMENT:				

III. REFERENCES / APPRAISALS

Please ask two people who know you well to write letters of reference. Appropriate people to ask might include coaches, recent teachers, your school counselor or advisor, an employer, or general member of the community, etc. (A friend, neighbor or family member would not be an appropriate reference.)

Please list the name, address and phone number of your references below:

1) Name: _____
Street Address: _____
City, State, Zip Code: _____
Phone Number: _____

2) Name: _____
Street Address: _____
City, State, Zip Code: _____
Phone Number: _____

IV. PERSONAL ESSAY

- Please attach a typewritten essay of 150 – 300 words entitled “McAlister Foundation Scholarship Essay.”
- Select one or more topics to discuss: (1) what makes you a unique individual, (2) who has influenced your life and why, or (3) what obstacles have you overcome that make you feel good about yourself.
- Also report any unusual family or personal circumstances you feel we should know about.

V. AUDIOLOGY REPORT

Please attach a recent audiology report. Report must be within the last three years.

☐ I am hard of hearing

☐ I am deaf

VI. CERTIFICATION

_____ I acknowledge I am a citizen of the United States.

_____ I acknowledge I attended the South Carolina School for the Deaf and the Blind, or I have been served by their Outreach Services division.

_____ I acknowledge I would not be able to attend college without the help of financial assistance.

_____ I acknowledge the information contained in this application is true and correct to the best of my knowledge and that I will inform the Scholarship Committee of any changes which might occur in this information.

Applicant's Signature

Date

Parent's Signature
(Required only if student is under the age of 18)

Date

Please return completed application packet to:
South Carolina School for the Deaf and the Blind
355 Cedar Springs Road
Spartanburg, SC 29302
Attention: Dee Stark, McAlister Scholarship Committee

All applications must be received or postmarked by March 24, 2023.