

THE RICE VINSKUS SCHOLARSHIP

PMB 191
3504 Highway 153
Greenville, SC 29611

SCHOLARSHIP APPLICATION

Fall 2018, Spring 2019

1. Applicant Information

Name _____

Address _____

Residence Address

Mailing Address

City or Town

State

Zip Code

Phone Number _____

Home

Cell

Email Address _____

2. High School Information

Name of High School _____

Address _____

High School Address

Mailing Address

City or Town

State

Zip Code

Phone Number _____

High School Graduation Date _____

3. College/University Information

Name of College _____

Address _____

College Address

Mailing Address

City or Town

State

Zip Code

Phone Number _____

College Enrollment Date _____

Other Colleges Attended _____

4. Personal Information

Name of Parent with Breast Cancer _____

If parent is deceased, date of parent's passing _____

5. **Reason for Scholarship Request: (Describe needs and specific use of funds)**

6. **List all Grants, Scholarships, etc. for which you have been approved including amounts for each.**

7. **Extracurricular Activities**

Offices or leadership positions held in high school or college:

School clubs, organizations, sports, honor societies, fine arts, etc. in which you have actively participated:

Special interests, talents, and hobbies outside of school (personal, church, community, etc.):

What are your plans for the summer prior to entering college or while in college?

How did you hear about The Rice Vinskus Scholarship?

8. Applicant Employment Information

Name, Address, and Phone Number of most recent 2 Employers.

Name	Phone
------	-------

Address	City	State	Zip Code
---------	------	-------	----------

Dates of Employment

Name	Phone
------	-------

Address	City	State	Zip Code
---------	------	-------	----------

Dates of Employment

9. Please list two references. One reference must be a current teacher or guidance counselor. (Must not be a director or employee of The Rice Vinskus Scholarship.)

Name	Phone
------	-------

Address	City	State	Zip Code
---------	------	-------	----------

Name	Phone
------	-------

Address	City	State	Zip Code
---------	------	-------	----------

The information contained in this Application is for the purpose of obtaining funding from The Rice Vinskus Scholarship on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that The Rice Vinskus Scholarship may consider this Application as continuing to be true and correct until a written notice of a change is provided. The Rice Vinskus Scholarship is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

By signing below, the undersigned hereby acknowledges and agrees that the use of any funds granted to the applicant pursuant to this Application shall be restricted to addressing the needs described in Section 5 of this Application and shall remain subject to full or partial recoupment within the discretion of The Rice Vinskus Scholarship if it is determined that the applicant has failed to comply with this restriction. The undersigned further agrees to comply with reasonable written requests made from time to time by The Rice Vinskus Scholarship regarding the use of any funds granted pursuant to this Application in accordance with the foregoing restriction, which requests may include without limitation the provision of reasonable supporting documentation.

SIGNATURE OF APPLICANT

DATE