THE RICE VINSKUS SCHOLARSHIP

PMB 191 3504 Highway 153 Greenville, SC 29611

SCHOLARSHIP APPLICATION

Fall 2024, Spring 2025

| 1. | Applicant Information | | | | | |
|----|---|-----------------|----------|--|--|--|
| | Name | | | | | |
| | Address Residence 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 | | | | | |

| Reason for Scholarship Request: (Describe needs and specific use of funds) |
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| |
| List all Grants, Scholarships, etc. for which you have been approved including amounts for each. |
| |
| 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? |
| |

| Applicant Employmen | t miioi muuton | | |
|-------------------------|-------------------------------|---------|-----|
| Name, Address, and Phon | e Number of most recent 2 Emp | loyers. | |
| Name | | Phone | |
| Address | City | State | Zip |
| Dates of Employment | | | |
| Name | | Phone | |
| Address | City | State | Zip |
| | ees. One reference must be | | _ |
| counselor. (Must not b | | | |
| Name | | Phone | |
| | City | Phone | Zip |
| Name | City | | Zip |

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 | | |