

Maria Goodloe-Johnson Scholarship Application

Twenty Pearls Foundation of Charleston, Incorporated
P. O. Box 30115
Charleston, SC 29417-0115
(843) 723-0171

Email: twentypearlsfoundationofchas@gmail.com Website: Twentypearlsfoundationofchas.org

Application Deadline: Postmarked by January 31, 2019

This is a one-time scholarship of \$500.00 conditional upon the verification of enrollment.

SCHOLARSHIPS

- The Maria Goodloe-Johnson Scholarship awarded by the Twenty Pearls Foundation of Charleston, Incorporated
- The scholarship will be awarded to high school seniors.

SCHOLARSHIP CRITERIA

- Must be a US Citizen
- Graduating senior from a Charleston County High School and have a minimum grade point average of a B (80-89).
- Student must be entering college as a freshman in the upcoming fall semester

APPLICATION PROCESS

- Complete all items in this application packet.
- Select three people to complete the enclosed Scholarship Recommendation Forms in support of your application; Recommendation Form One must be a certified teacher or an administrator from your school. Recommendation Forms Two and Three may include a pastor, employer, teacher, principal, guidance counselor, coach, etc. <u>Please do not include family members.</u>
- Submit an official copy of your high school transcript (sealed school envelope) and an official copy of your SAT/ACT score **must accompany this application.**
- <u>Include the following in the Essay:</u> No less than 250 words, typewritten, doubled spaced; size 12 font (Times New Roman), one-inch margins. <u>NOTE:</u> The Title/Heading is <u>NOT</u> counted in the 250 words.

The application must be postmarked by January 31, 2019. Only those applications that are <u>completed</u> and <u>postmarked</u> by the deadline will be considered. Please mail your completed application to:

Twenty Pearls Foundation of Charleston, Incorporated ATTENTION: Scholarship Committee
P.O. Box 30115
Charleston, South Carolina 29417

SECTION I – Contact Information

Student's Name			
Address:			
Street	City	State	Zip
Phone Number: Home:			
E-mail Address			
<u>SECTION II</u> – High Sch	ool Information		
Note: An official high sc	hool transcript and an official copy o	of SAT/ACT scores	must accompany
this application.	•		•
High School Name:			
Address:			
Phone Number:			
Guidance Counselor: _			
P	rint Name	Telephone	Number
	s and Honors: List all school and com st four years. Attach separate sheet if no	•	which you have
Activity	Number of Years Participated	. A v	vards/Honors

<u>SECTION IV</u> –	Post Secondary School Inform	ation	
List names of co	lleges or universities to which yo	ou have applied:	
List schools that	have notified you of acceptance:		
SECTION V	· Work Experience	_	
Company	Address	Positions	Hours per week
Company	Address	Positions	Hours per week

SECTION VI – Essay

Each applicant must submit a typewritten essay of no less than two hundred fifty (250) words on the following topic:

Your essay will be graded on the following: (Grammar, punctuation, spelling, development of content, setting, paragraph and sentence structure).

SECTION VII - Documentation Checklist:

Sul	omit	the	foll	lowing	inf	ormati	on as	a	pacl	ket	in	this	orde	r:
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- ☐ Completed application form
- ☐ Letter of recommendation from certified teacher and/or administrator
- ☐ Second letter of recommendation
- ☐ Third letter of recommendation
- Essay
- ☐ Official transcript (Sealed envelope from school)
- ☐ Official SAT/ACT scores

CERTIFICATION/CONSENT:

All of the information on this form is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this application. I also understand that you may need to contact my high school counselor regarding information that I provided on this application. I realize that if I do not provide proof when asked, **I will not** be considered for a scholarship.

Applicant Signature Date

		 (Must be complete 	ed by a certified teach	er or school administrate			
with a written narra		TT*.1	. C.11				
Applicant High School							
Please rate this appl	licant by checking th	e appropriate box.					
	Below Average	Average	Above Average	Superior			
Character							
Responsibility							
Scholastic							
Achievement							
***Please indicate	why you feel this ap	plicant should receiv	ve this scholarship.				
Signature			Relationship				
Address							
Street		City	State	Zip Code			
Telephone Number	· Home·		Work				

Applicant	High School						
Please rate this applicant by checking the appropriate box.							
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	Below Average	Average	Above Average	Superior			
Character							
Responsibility							
Scholastic							
Achievement							
***Please indicate	why you feel this app	olicant should receive	ve this scholarship.	<u> </u>			
Signature			Relationship				
-			•				
Address							
Address		City	State	Zip Code			

	etc. with a written n	_	eleted by a pastor, co	ach, teacher, supervisor,			
Applicant High School							
Please rate this appl	icant by checking th						
	Below Average	Average	Above Average	Superior			
Character							
Responsibility							
Scholastic Achievement							
***Please indicate v	why you feel this app	plicant should receiv	ve this scholarship.				
	way you root amo app		- uns sumsing:				
Signature			Relationship				
Address		City	State	Zip Code			
Telephone Number:	: Home:	City		Zip Code			