

List your brothers and sisters:

Name	Age	High School Graduate	Attend College?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION

List other scholarships for which you have applied, plan to apply or have received _____

Estimate the total cost of your education for next year _____

List any employment experiences during high school:

Employer and Job Type	Date of Employment	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED SUPPORT DOCUMENTATION

- ◆ Applicants must submit a personal essay, **not to exceed 1,000 words**, on any aspect of their choice, on the impact of sickle cell disease on their lives or on society (**ESSAY MUST BE TYPEWRITTEN**).
- ◆ A current high school transcript (unofficial) and SAT/ACT scores must be submitted with your application. Arrange this in advance with your high school counselor (**SHOULD BE SUBMITTED IN A SEALED SCHOOL ENVELOPE**).
- ◆ An official letter from the college where you have been accepted and are planning to attend school (**SHOULD BE SUBMITTED IN A SEALED SCHOOL ENVELOPE**).
- ◆ Proof of U.S. citizenship and permanent residency (i.e., Driver’s License, State-Issued ID, Social Security Card).
- ◆ Include two references with your application, one from your high school counselor (or a teacher that you know well) and one from an adult unrelated to you and familiar with you for at least two years. Forms are provided for each reference.
- ◆ A letter of certification from your physician verifying that you are an individual with sickle cell disease.

Physician’s Phone Number _____

Submit all of the above, completed in full, and **postmarked no later than July 5, 2024** to:
James R. Clark Memorial Scholarship Committee
James R. Clark Memorial Sickle Cell Foundation
1420 Gregg Street
Columbia, SC 29201

Applicant Signature Date

Parent/Guardian Signature Date

COMMUNITY SERVICE ACTIVITIES

List your community service activities while in high school. (Please attach additional sheet if additional space is needed). Be sure to name the organizations, cause, person or primary group that benefited. State what you did to contribute.

<u>Dates</u>	<u>Activity</u>	<u>Hours per week</u>	<u>Your Role</u>
Freshman Year			
Sophomore Year			
Junior Year			
Senior Year			

Briefly tell us what you have enjoyed most about your community service:

Tell us the qualities you most admire in yourself:
