



Sylvia P. Swinton Scholarship Information

Applicants must meet the following criteria:

- Be a **high school senior** graduating in the present school year.
- Be a resident of the state of South Carolina.
- Plan to pursue a degree in education from a college or university in South Carolina.
- Be the son or daughter of a current member of SCIRA **OR** a student member of SCIRA.

To apply, submit the following electronically by March 1st of the current school year.

- 1) A completed SCIRA Sylvia P. Swinton High School Student Scholarship Application form,
- 2) A complete high school transcript through December of this school year (send via e-script, if possible),
- 3) A letter of recommendation from a teacher or guidance counselor,
- 4) A typed personal statement expressing why you wish to pursue an education degree and are worthy of this scholarship (not to exceed one page).

All persons used as references will be contacted to acknowledge and thank them for their contribution to your SCIRA scholarship application.

The recipient will be awarded a one thousand dollar (\$1,000) scholarship in the spring for the fall semester of higher education coursework.

A check for the scholarship amount will be made payable to **both** the recipient **and** his or her college or university.

The recipient will provide an annual written progress report to the chairperson of the SCIRA Scholarship Committee at the end of the school year.



Sylvia P. Swinton *Scholarship Application*

1. Name _____
Last First Middle

2. Address _____
Street
_____ City State Zip Code

3. Home Phone _____ Email _____

4. High School _____
School Address _____
Mailing Address City Zip

5. High School Counselor _____ Phone () _____

6. Anticipated High School Graduation Date _____
Month Year

7. Name of Reference _____ (Circle one: teacher/counselor)

8. Funds are sought for attendance at: _____
Presently, I am: accepted awaiting acceptance enrolled

9. List Other Grant or Scholarship Monies Received _____

**I have met all of the requirements and wish to be considered
for the SCIRA High School Student Scholarship.**

Parent's Name (print or type) _____ Date _____

Parent or Student's SCIRA Membership # _____ Local Council _____

**PARENT or STUDENT APPLICANT MUST BE A CURRENT SCIRA MEMBER
AS OF DECEMBER 1st OF THIS SCHOOL YEAR.**

Contact SCIRA Director of Membership for membership verification.

**To apply, submit the following electronically by March 1st of the current school year.
Please contact the SCIRA Scholarship Chairperson if there are any questions.**