



Scholarship Application

South Carolina Society of the SONS OF THE AMERICAN REVOLUTION

NAME OF APPLICANT

(First)

(Middle)

(Last)

Age

Street, R. D. or P.O. Box

City

State

Zip Code

Phone

Email address

Date and Place of Birth

City

State

PARENTS

Father

Address: City

State

Zip Code

Phone

Email address

Mother

Address: City

State

Zip Code

Phone

Email address

Names and locations of schools you have attended with dates attended:

Institution (s) of higher learning you plan to attend: (list all possible)

List honors, distinctions, prizes, medals, etc. you have won in connection with your school and community activities.

If you need more space use the application addendum page.

I declare that the information given in this application is the truth. Should I not attend one of the institutions noted above, I shall decline to accept or return the award to the South Carolina Society of the Sons of the American Revolution.

Signature of Applicant _____ Date _____

REFERENCES - Recommended by the undersigned members

Sponsor

Name:

Street:

P.O. & Zip

Signed _____

NSSAR#

State Society

State #

Co-Sponsor

Name

Signed _____

NSSAR#

State Society

State #