



## SCHOLARSHIP APPLICATION DETAILS

The Solomon Jackson, Jr., Scholarship Foundation will award scholarships annually to low income residents of the state of South Carolina who are graduates of public high schools or who obtained a high school equivalency diploma from the same state. Preference will be given to persons of color. The applicants must plan to attend an accredited and approved two-year or four-year institution within the United States. Students entering or returning to school are encouraged to apply.

### *Scholarship Eligibility*

To be eligible to receive a scholarship, the applicant must satisfy all of the following criteria.

- The applicant must be a resident of the state of South Carolina for a minimum of four years. The Scholarship Selection Committee may require proof of legal residency and will reject applicants who cannot provide such proof.
- The applicant must
  - Be in his or her senior year at a public high school.
  - Obtained a high school diploma or a high school equivalency diploma.
  - Be already enrolled as a full-time student in a program working toward an Associates or Bachelors Degree.\*
- The applicant must possess financial need.
- The applicant should have attended a public high school from the following preferred counties or school districts:
  - Richland County
  - Fairfield County
  - Kershaw County
  - Marion County
  - Dillon 4
  - Hampton 2 School District
  - Florence 4 School District
  - Orangeburg 3 School DistrictConsideration may be extended to applicants within Lee, Jasper and Allendale counties.
- The applicant must have demonstrated aptitude or achievement; such things as academic record and extracurricular activities are important.
- The applicant should have demonstrated outstanding citizenship such as having been active in community affairs.

\* An applicant may apply for a scholarship before being accepted into the college or university. Scholarship awarding is contingent upon being accepted into and attending the school.

### *Application Deadline*

The deadline for all applications is April 15th of the year for which the applicant is seeking scholarship assistance.

Applications will only be accepted through the mail and must be postmarked no later than the deadline date. If the deadlines fall on a weekend or a holiday please postmark on the Friday before the deadline dates. **Please do not hand deliver, email or fax the application. Deadlines are strictly enforced.**



THE SOLOMON JACKSON, JR.  
FOUNDATION

SCHOLARSHIP APPLICATION DETAILS

***Application Documents***

The applicant is required to submit a completed application form provided by the Solomon Jackson, Jr. Scholarship Foundation Committee. The following materials must be included in the scholarship application.

- 1. **Scholarship Application** *[See attached form]*
- 2. **Tax Return**  
Taxable income for the previous tax year must be included. Please provide a copy of the first two pages of the parent/guardian and the applicant's Federal tax return, including Schedule C if business income / loss is claimed.
- 3. **FAFSA and SAR**  
A completed copy of the FAFSA form and SAR (indicating expected financial contribution).
- 4. **University Financial Package**  
Financial package information from the college / university must be submitted. If not available at the time of submission, please indicate the date and forward to us before April 30th.
- 5. **Official Transcript**  
An official transcript of the applicant's secondary school record, complete to the last full marking period.
- 6. **Official SAT/ACT Scores**  
An official copy of the applicant's SAT, ACT or other applicable test scores.
- 7. **School Recommendations**  
A letter of recommendation from a school counselor and teacher is required. These letters of recommendation should cover character, attitude, academic standing, extracurricular activities and any significant reasons why the applicant should be considered.
- 8. **Personal Recommendations**  
Letters of recommendation from two personal adult acquaintances of the applicant are required. These letters should cover character, attitude and any significant reasons why the applicant should be considered, including contributions to the community.
- 9. **Summary** *[Not to exceed one page]*  
A letter from the applicant outlining his or her reasons for applying for this scholarship. Summary should include specific examples of contributions to the community and address the applicant's character, attitude, academic standing, extracurricular activities and/or any other significant reasons why he/she should be considered.



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### **Scholarship Awarding**

The scholarship will cover tuition, fees, books, room and board and miscellaneous expenses. If sufficient money is available in the Solomon Jackson, Jr. Scholarship Foundation, one or more additional scholarships may be awarded to qualified applicants. If more than one applicant is selected to receive a scholarship, but there is not enough money in the trust to fully fund an additional scholarship, a partial scholarship may be awarded.

### **Payment of Scholarship**

Scholarship monies will be paid directly to the institution attended by the recipient.

### **Continued Funding**

The Selection Committee will request annual reports on the progress of each scholarship recipient from the recipient's college. These reports will consist of a transcript and a short statement of the recipient's progress from a college official, including a statement that the recipient is currently in good academic standing and is enrolled in a program leading to an Associate or Bachelor degree.

### **Other Information**

Acceptance and receipt of the Solomon Jackson, Jr. Scholarship Foundation does not relieve the recipient of the personal responsibility of applying for admission to the college or university, nor does it guarantee his or her admission. After a student is enrolled in a college or university, his or her academic program, social and personal behavior and involvement in campus affairs are subject only to the policies of the college. The Solomon Jackson, Jr. Scholarship does not require particular courses in the recipient's academic program, involvement in extracurricular activities or personal behavior inconsistent with college policies, except as stated above.

Recipients may attend the college or university of their choice within the United States. Pursuing a course of study in which the college or university offers an alternate year of study outside the United States will not jeopardize the scholarship.

Applicants who are lineal descendants (children, grandchildren, great-grandchildren) of the Solomon Jackson, Jr. Foundation Scholarship Committee are ineligible to apply to the Foundation for scholarship award. Spouses of ineligible persons are also ineligible.

### **Application Submission & Selection**

Submit the completed application and documents to the address on the right. **Please ensure all documents are single-sided and do not include any staples.**

A committee will review the applications and select the most qualified candidate(s). If no candidate meets the eligibility criteria, no scholarship will be awarded. The Solomon Jackson, Jr. Foundation will announce the names of the scholarship recipient(s) no later than **August 1st**.

The Solomon Jackson, Jr. Foundation  
William Roach  
South State Bank  
P.O. Box 1030  
Columbia, SC 29202

For questions, contact William Roach at  
[William.Roach@SouthStateWealth.com](mailto:William.Roach@SouthStateWealth.com)

**THE SOLOMON JACKSON, JR.**  
FOUNDATION

SCHOLARSHIP APPLICATION

***Personal Information***

Applicant Name (Mr./Ms) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ SSN (XXX - XXX - \_\_\_\_\_)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant Resides With (*Check all that apply*)  Father  Mother  Stepfather  Stepmother  Maintains Own Residence

High school Name \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_

College Student ID# \_\_\_\_\_

Check if any apply

Father unable to work

Mother unable to work

Parents are separated or divorced

Father is Deceased

Mother is Deceased

***Information Concerning Family***

**Father or Male Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Years with Company \_\_\_\_\_

**Mother or Female Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Years with Company \_\_\_\_\_

# THE SOLOMON JACKSON, JR. FOUNDATION

## SCHOLARSHIP APPLICATION

Number of Children the applicants parents will claim as Tax Dependents  
on their Federal Income Tax Return for the current year \_\_\_\_\_

Number of Other Dependents Receiving Financial Support from the family \_\_\_\_\_

**List other members of household who will be attending college Next Year**

Name	College	Grade Next Year	Tuition	Room/Board	Parent Support
			\$ _____		\$ _____
			\$ _____		\$ _____
			\$ _____		\$ _____

*Estimated Expenses for Next Year*

**Do Not fill in estimates with "Unknown".**

Tuition \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Books & Fees \$ \_\_\_\_\_

Medical Insurance \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Incidentals \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

*Estimated Available Funds for Next Year*

**Do Not fill in estimates with "Unknown".**

Grant from Institution \$ \_\_\_\_\_

Stafford Loan \$ \_\_\_\_\_

LIFE \$ \_\_\_\_\_

Pell Grant \$ \_\_\_\_\_

Personal Loan \$ \_\_\_\_\_

College Work Study \$ \_\_\_\_\_

Parent / Relative \$ \_\_\_\_\_

*\* If \$0 Please provide further explanation below.*

Personal Savings / Job \$ \_\_\_\_\_

Other Scholarship(s) \$ \_\_\_\_\_

Scholarships Received \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\* \$0 Parent / Relative Funding Explanation (If Applicable)

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SCHOLARSHIP APPLICATION

*College Information*

**Colleges Applied For**

College Name	City	State

**College Accepted to & Plan to attend**

College Name \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Agreement***

I have read and understand the terms of this scholarship award and the completed application and declare that the information herewith submitted is true to the best of my knowledge and belief.

Student Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_