

Dear Applicant:

We appreciate your interest in the PILOT CLUB OF ORANGEBURG's scholarship in the amount of \$750.

Please follow all directions and return application by the April 12, 2019 deadline. All applications will be given careful consideration.

Winners will be notified by phone in May.

If you have any questions about the application, please contact Nancy Livingston at 803-247-2065.

Sincerely,

Nancy Livingston  
Chairperson, Scholarship Committee  
Pilot Club of Orangeburg

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**PILOT CLUB OF ORANGEBURG, INC.**

**2019 SCHOLARSHIP APPLICATION**

Write your name on the back of a recent individual photo and staple here.

***THIS APPLICATION MUST BE RECEIVED BY THE PILOT CLUB OF ORANGEBURG BY  
APRIL 12, 2019***

**THIS APPLICATION MUST BE COMPLETED IN THE APPLICANT'S HANDWRITING. IF YOU NEED ADDITIONAL SPACE TO ANSWER QUESTIONS, PLEASE FEEL FREE TO INCLUDE EXTRA PAGES. MAKE SURE YOU IDENTIFY EACH QUESTION'S ANSWER WITH A SECTION NUMBER AND ALPHABET LETTER. EACH APPLICANT WILL BE GIVEN CONSIDERATION. RETURN APPLICATION IN A 9 X 12 MANILA ENVELOPE TO THE PILOT CLUB.**

**I. BIOGRAPHICAL INFORMATION**

**APPLICANT** \_\_\_\_\_

Last Name

First

Middle

**HOME ADDRESS** \_\_\_\_\_

Street

City

State

Zip Code

**TELEPHONE NUMBER** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**SEX** \_\_\_\_\_ (M / F)

**MARITAL STATUS** \_\_\_\_\_

**YEAR OF HIGH SCHOOL  
GRADUATION** \_\_\_\_\_

**NAME OF HIGH SCHOOL ATTENDED** \_\_\_\_\_

**WHAT ARE YOUR FUTURE GOALS?** \_\_\_\_\_  
\_\_\_\_\_

**SC COLLEGE AND/OR TECHNICAL COLLEGE AND/ OR JUNIOR COLLEGE YOU  
PLAN TO ATTEND** \_\_\_\_\_

**HAVE YOU APPLIED AND BEEN ACCEPTED?** \_\_\_\_\_

**IF YOU HAVE BEEN ACCEPTED, PLEASE ENCLOSE A COPY  
OF YOUR LETTER OF ACCEPTANCE.**

**MAJOR OR COURSE OF STUDY** \_\_\_\_\_

**PILOT CLUB OF ORANGEBURG, INC.**  
**SCHOLARSHIP APPLICATION**

(2)

**II. FINANCIAL INFORMATION**

(We need financial information because we consider financial need when we award scholarships.)

**A. ARE YOUR PARENTS MARRIED, DIVORCED or OTHER?**

**IF OTHER, PLEASE EXPLAIN** \_\_\_\_\_

**WITH WHOM DO YOU LIVE?** \_\_\_\_\_

**B. FILL OUT ONE OF THE FOLLOWING SECTIONS FOR *each* ADULT WHO CONTRIBUTES TO YOUR SUPPORT.**

**1. NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**PRESENT EMPLOYER'S NAME** \_\_\_\_\_

**POSITION HELD** \_\_\_\_\_ **YEARS AT JOB** \_\_\_\_\_

**YEARLY INCOME** \_\_\_\_\_

**2. NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**PRESENT EMPLOYER'S NAME** \_\_\_\_\_

**POSITION HELD** \_\_\_\_\_ **YEARS AT JOB** \_\_\_\_\_

**YEARLY INCOME** \_\_\_\_\_

**3. NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**PRESENT EMPLOYER'S NAME** \_\_\_\_\_

**POSITION HELD** \_\_\_\_\_ **YEARS AT JOB** \_\_\_\_\_

**YEARLY INCOME** \_\_\_\_\_

**PILOT CLUB OF ORANGEBURG, INC.**  
**SCHOLARSHIP APPLICATION**

(3)

**C. LIST OTHER INCOME BESIDES WAGES OR SALARY (This includes child support if applicable).** \_\_\_\_\_

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**D. LIST ALL CHILDREN IN YOUR HOUSEHOLD, *including yourself.***

**NAME                      AGE                      RELATIONSHIP TO YOU**

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**E. LIST OTHER DEPENDENTS (Grandparents, Foster Children, etc.) RECEIVING FINANCIAL SUPPORT FROM PARENTS.**

**NAME                      AGE                      RELATIONSHIP TO YOU**

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**III. SERVICE TO COMMUNITY, SCHOOL, and CHURCH (4)**  
**WORK EXPERIENCE**

**A. THE PILOT CLUB OF ORANGEBURG'S MAIN OBJECTIVES ARE SERVICE AND FRIENDSHIP. DESCRIBE YOUR SERVICE TO YOUR COMMUNITY (Note – service does not mean honors and awards.)**

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**B. DESCRIBE YOUR SERVICE TO YOUR SCHOOL (include participation in school organizations and any class offices held.)**

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**C. DESCRIBE YOUR SERVICE TO YOUR CHURCH.**

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**D. DESCRIBE YOUR WORK EXPERIENCE DURING SCHOOL AND THE SUMMER.**

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**V. COLLEGE**

**(6)**

**What do you consider your greatest challenge as you begin your college freshman year 2019-2020? (Complete Paragraph)**

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**REMEMBER TO INCLUDE:**

- 1. Photo - Page 1**
- 2. Letter of Acceptance - Page 1**
- 3. Letters of Recommendation – Page 7**
- 4. School Transcript – Page 7**

**PILOT CLUB OF ORANGEBURG, INC.**  
**SCHOLARSHIP APPLICATION**

(7)

**For High School Seniors, YOU MUST ENCLOSE THREE TYPED LETTERS OF RECOMMENDATIONS FROM THE FOLLOWING:**

- 1. ONE OR TWO TEACHERS**  
(We will not accept letters from more than two teachers)
- 2. GUIDANCE COUNSELOR**
- 3. A MINISTER OR COMMUNITY LEADER**

**For those who are NOT High School Seniors, YOU MUST ENCLOSE TYPED LETTERS OF RECOMMENDATIONS FROM ANY 3 OF THE FOLLOWING:**

- 1. A FORMER TEACHER**
- 2. A MINISTER OR COMMUNITY LEADER**
- 3. AN EMPLOYER OR FRIEND (No relatives, please)**

**ALL RECOMMENDATIONS SHOULD ADDRESS THE REQUIREMENTS FOR THIS SCHOLARSHIP: NEED, SERVICE TO THE COMMUNITY, AND CHARACTER.**

**For High School Seniors, IN ADDITION, THE LAST PAGE OF THIS APPLICATION SHOULD BE COMPLETED BY YOUR HIGH SCHOOL GUIDANCE COUNSELOR AND PRINCIPAL.**

**For those NOT High School Seniors, PLEASE FILL OUT THE LAST PAGE OF THE APPLICATION. ENCLOSE YOUR LAST SCHOOL TRANSCRIPT IF AVAILABLE.**

**ALL APPLICATIONS AND RECOMMENDATIONS SHOULD BE SUBMITTED TO:**  
**PILOT CLUB OF ORANGEBURG**  
**ATTN: SCHOLARSHIP COMMITTEE**  
**P. O. BOX 2282**  
**ORANGEBURG, SC 29116**

**MAIL APPLICATION IN A 9 X 12 MANILA ENVELOPE.**

**ALL APPLICATIONS BECOME THE PROPERTY OF THE PILOT CLUB OF ORANGEBURG AND WILL NOT BE RETURNED.**

**IF YOU WISH TO HAVE YOUR PHOTO RETURNED, ENCLOSE WITH YOUR APPLICATION A SELF ADDRESSED STAMPED ENVELOPE.**



**HIGH SCHOOL INFORMATION**

**“TO BE COMPLETED BY GUIDANCE COUNSELOR / SCHOOL OFFICIAL”**

Applicant's Name \_\_\_\_\_

Name of High School \_\_\_\_\_

Year of Graduation \_\_\_\_\_ (Applicant **MUST** be a graduating senior)

SAT Score (Verbal and Math) \_\_\_\_\_ Date Test Taken \_\_\_\_\_

Is this a repeated SAT score? \_\_\_\_\_

If so, was there improvement made from previous SAT? Circle Yes or No

Or ACT Total Score \_\_\_\_\_

Class Rank (as of application date) \_\_\_\_\_ of \_\_\_\_\_ ( \_\_\_\_\_ %)

Grade Point Average (as of application date) \_\_\_\_\_

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Signature of Guidance Counselor / School Official \_\_\_\_\_ Date \_\_\_\_\_

**\*\*TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL\*\***

\_\_\_\_\_ has not violated or did not violate the honor  
(Applicant's Name)

code at \_\_\_\_\_ . I know of no reason why he/she  
(Name of High School)

should not receive the Pilot Club Scholarship.

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Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_