

Crenshaw Visions Scholarship

Partners for Youth

Personal information

| | | |
|----------------------------------|------------|---------------|
| _____ | _____ | _____ |
| First name | Middle | Last |
| _____ | | |
| Home mailing address | | |
| _____ | | |
| _____ | _____ | _____ |
| City | State | Zip |
| _____ | | |
| _____ | _____ | _____ |
| Home phone | Cell phone | Email address |
| _____ | | |
| Parents' / guardians' names | | |
| _____ | | |
| Parents' / guardians' occupation | | |

College information

| | |
|------------------------------------------|---------------------------|
| _____ | |
| Anticipated choice of college(s) | |
| _____ | |
| _____ | _____ |
| Colleges to which you have been accepted | Projected Enrollment Date |

Planned Major:

- Business
- Marketing

Planned Minor:



Education experiences

| | | |
|------------------------------------------|--------------------|-----|
| High school from which you will graduate | Date of graduation | GPA |
|------------------------------------------|--------------------|-----|

Highest SAT/ACT (please provide sectional scores)

High School Extracurricular activities

High School Honors

High School Leadership Roles

Work experience(s)

Past/current jobs



Community activities

Community activities

Community honors

Community leadership roles

References (other than family members)

| | |
|-----------------------------|--------------------|
| <hr/> <p>Reference name</p> | <hr/> <p>Phone</p> |
| <hr/> <p>Reference name</p> | <hr/> <p>Phone</p> |
| <hr/> <p>Reference name</p> | <hr/> <p>Phone</p> |



Your commitments

Should I receive this scholarship I understand and agree to the stipulations:

- If I do not complete a degree that meets the requirements of this scholarship, I will be required to repay the scholarship.
- I will be expected to maintain exemplary behavior and class attendance while enrolled in at least 12 hours of coursework with a minimum 2.5 GPA per semester.
- I will be expected to provide regular written and in-person progress reports to *Partners for Youth*.
- I will be required to sign a *Memorandum of Understanding* detailing these commitments.

Applicant's signature

Date

Parent's/guardian's signature

Date

Return this application, along with a copy of your most recent high school transcript and a cover letter expressing why you want to become a Business and/or Marketing major, by 4 p.m. March 29, 2024 to

Mailing Address

Partners for Youth
P.O. Box 1023
Lancaster, South Carolina 29721

Or scan and email a PDF version to sharon@lcpartnersforyouth.org

Interviews will be in the later part of April/early May. Applicants will be contacted at the email address provided on the application. If you have any questions, please call 803-286-1465 or email the Lancaster County Partners for Youth Foundation at sharon@lcpartnersforyouth.org.