Teaching Scholarship

Current College Student

Partners for Youth

Personal information

	irst name	Middle	2		Last		
Н	Iome mailing address						
C	ity				Sta	ate	Zip
H	lome phone	Cell phone			Email address	3	
Pa	arents'/guardians' names						
Pa	arents'/guardians' occupation						
	ege information	-					
	ollege in which you are currently				Projected dat	te of gr	aduation
C		enrolled			Projected dat		aduation
C	ollege in which you are currently	enrolled ph, etc) check as many		applicable): 3-5	Hours earned		aduation
Cur	ollege in which you are currently urrent class status (Freshman, Soperent/Planned Major (of Elementary Education)	enrolled ph, etc) check as many n		•	Hours earned		aduation



	nave previously attended/dates			
High school from	m which graduated		Date of graduation	GPA
SAT/ACT score	e that was used on college applica	ation (please provide s	sectional scores) - optio	nal
Extracurricul	ar activities while in F	High School/C	ollege	
-				
High School,	/College honors/Lead	ership roles		
	ice			
r k experie r Past/current				



Community activities	
Community activities	
Community honors	
Community leadership roles	
References (other than family members)	
Reference name	Phone
Reference name	Phone

Reference name



Phone

Your commitments

Should I receive this scholarship I understand and agree to the stipulations: For every year I accept this scholarship, I will be required to teach one year in a school that is a part of the Lancaster County School District. If I am unable to become employed as a teacher within six months of college graduation the scholarship will hence be treated as a loan. A repayment plan will then be agreed upon between Partners for Youth and you. ■ 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

Return this application, along with a copy of your most recent college transcript and a cover letter expressing why you want to become a teacher, by 4 p.m. March 31, 2025 to

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

Parent's/guardian's signature

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

Interviews will be held in later 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.



Date