



# COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.

## **The Ellie and Michael Agresta Scholarship Program Scholarship Guidelines & Instructions for the 2012-13 Academic Year**

### **PURPOSE**

The Ellie and Michael Agresta Scholarship was generously established at the Community Foundation in 2010 by Ellie and Michael Agresta to provide annual post-secondary educational scholarships for qualified students.

Qualified students are Hilton Head Island High School students with financial need, who have shown outstanding academic achievement, and who have been accepted and will be attending or are currently attending a South Carolina accredited public college or university.

### **ELIGIBILITY/CRITERIA**

- A. Applicant must be a Hilton Head Island High School senior scheduled to graduate in the spring of the current school year or a full-time student currently enrolled in a South Carolina public college or university.
- B. Applicant must be a U.S. citizen and/or legal resident of Beaufort County, South Carolina.
- C. Applicant must be accepted by or enrolled in a two-year or four-year degree program at an accredited South Carolina public college or university.
- D. Applicant must demonstrate financial need and submit a completed FAFSA (Free Application for Federal Student Aid) form.
- E. Applicant must have a cumulative grade point average of at least 2.75 on a 4.0 scale.
- F. Applicant must have achieved and be able to show evidence of outstanding academic accomplishments along with involvement in community and/or extra-curricular activities.
- G. Applicant must have a score equivalent to or better than the state average on tests designed to measure aptitude for college (e.g., SAT, ACT).

### **APPLICATION PROCEDURE**

**Submit all application materials by Wednesday, April 11, 2012.** Application materials should include:

- A. A completed **Ellie and Michael Agresta Scholarship Application Form**.  
The scholarship application form is available on the Community Foundation of the Lowcountry's scholarship website at **[www.lowcountryscholarshipdirectory.org](http://www.lowcountryscholarshipdirectory.org)** and at the Community Foundation of the Lowcountry office and high school guidance office.
- B. A *certified* copy of the applicant's most recent transcript(s) showing grades for at least the last two years.
- C. A typed essay (approximately 500 words) explaining how this scholarship **will assist you in achieving your academic and career goals**.

- D. **Three Recommendation Forms** to be completed by an employer, family member, current teacher, or school personnel explaining the applicant's ability to successfully complete a course of study at an accredited college or university.
- E. Each applicant must attend a personal interview with the Ellie and Michael Agresta Scholarship Advisory Committee (Scholarship Advisory Committee) if chosen as a finalist.

#### **SELECTION OF RECIPIENTS**

- A. The Scholarship Advisory Committee shall select scholarship recipients (subject to approval by Community Foundation of the Lowcountry Board of Trustees).
- B. Scholarship funds will be awarded to cover educational costs, including but not limited to, tuition/fees, room and board, and books. Specific costs to be covered will be at the discretion of the Scholarship Advisory Committee.
- C. Scholarships are awarded without regard to race, sex, religion, age or national origin.

#### **ANNOUNCEMENT OF SCHOLARSHIP AWARDS**

- A. The Community Foundation of the Lowcountry will send an official award letter and related information to each recipient.
- B. A public announcement of scholarship recipients will be arranged by the Community Foundation of the Lowcountry.
- C. Recipients may be further recognized through Awards Day programs at their schools.

#### **DISTRIBUTION OF SCHOLARSHIP FUNDS**

- A. The Scholarship Advisory Committee or Community Foundation staff members will advise all scholarship recipients regarding how the scholarships will be paid and review the students' responsibilities to the Ellie and Michael Agresta Scholarship program. These responsibilities include sending transcripts at end of the year, and providing notification of all address changes or changes in student status or enrollment.
- B. In accordance with the Community Foundation's policy, scholarship funds will be paid in the form of a check made payable to the college/school of the scholarship recipient. Checks will be mailed to the college/school. Notification of payments will be sent to scholarship recipients.

#### **Mail Application and Required Attachments by Wednesday, APRIL 11, 2012 to:**

**Community Foundation of the Lowcountry, Inc.  
4 Northridge Drive, Suite A  
Post Office Box 23019  
Hilton Head Island, SC 29925-3019  
Attn: Ellie and Michael Agresta Scholarship Program**



# COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.

## ELLIE AND MICHAEL AGRESTA

### SCHOLARSHIP APPLICATION

#### FOR THE 2012-13 ACADEMIC YEAR

#### Purpose:

The purpose of the Ellie and Michael Agresta Scholarship Program is to assist *qualified* students in pursuit of a post-secondary education. Qualified students are Hilton Head Island High School students with financial need, who have shown outstanding academic achievement, and who have been accepted and will be attending or are currently attending a South Carolina accredited public college or university.

#### General instructions to applicant:

All sections of this application must be completed in order to be eligible for consideration by the Ellie and Michael Agresta Scholarship Advisory Committee

In addition, the following attachments are **required** along with your completed application:

- 1.) **Certified high school transcript, including SAT/ACT scores or most recent college transcript if currently enrolled full-time in a South Carolina public college or university.**
- 2.) **FAFSA (Free Application for Federal Student Aid) results.**
- 3.) **Required Essay on how this scholarship will assist you in achieving your academic and career goals.**
- 4.) **Current and last year's Federal Tax Returns for you and your parent(s)/guardian(s).**
- 5.) **Three Recommendation Forms completed by an employer, family member, current teacher, or school personnel.**

#### 1. Personal Information

Full name of applicant \_\_\_\_\_ Nickname \_\_\_\_\_  
 Home telephone number \_\_\_\_\_ Email address \_\_\_\_\_  
 Present home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Number of years lived in Beaufort County \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

#### 2. Family Information

Mother's name _____	Father's name _____
Occupation _____	Occupation _____
Street address _____	Street address _____
City, State, Zip _____	City, State, Zip _____
Phone number _____	Phone number _____

#### Name and ages of siblings/other dependents. Indicate what school(s) they attend.

Name	Relationship	Age	School or college/years attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 3. Education

a. Name all secondary and/or technical schools you have attended in the last five years. List the school you are presently attending first.

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b. How many years do you plan to attend college, and what course of study would you like to pursue?

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c. What future business or educational career will you likely pursue after finishing college?

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d. What college(s) would you most like to attend? Please explain your reason.

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e. What colleges have you applied to for admission? Please indicate acceptance status.

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f. List scholarships, grants or loans for which you have applied, and check the ones you plan to use. Indicate funding amount you will receive.

Name	Amount Requested / Awarded	√ if you will use
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### 4. Academic, athletic, service, and extra activities

Use additional pages or attach resume for sections 4a, 4b, and 4c.

a. List academic awards, achievements and dates.

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**b. List your participation in athletic activities.**

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**c. List your participation in community service and extra-curricular activities, including non-school activities.**

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**5. Employment History**

List jobs you have held in the last three years.

**Employer                      Dates                      Hours per week                      Position                      Salary**

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**6. Your Expected ANNUAL Cost of College:**

Please provide the following information for each school you have selected.

<i>ANNUAL EXPENSES-\$</i>	<i>College</i>	<i>College</i>	<i>College</i>	<i>College</i>
<i>Tuition &amp; Fees</i>				
<i>Room/board</i>				
<i>Books/supplies</i>				
<i>Transportation</i>				
<b><i>Total Annual Costs</i></b>				
<b><i>(Less Scholarships or Grants Received)</i></b>	(            )	(            )	(            )	(            )
<b><i>Total Projected Costs</i></b>				

## 7. Financial Need Summary

- a. Complete this section regarding Estimated Combined Net Income of you and your parent(s) or guardian(s) for the current year. Please attach a copy of the current year and prior year Federal Income Tax returns for you and your parent(s)/guardian(s).

Name of person	Income and year	Total annual income \$\$
_____	_____	_____
_____	_____	_____

- b. Have you filed a FAFSA (Free Application for Federal Student Aid)? Please submit a returned copy showing your EFC (expected family contribution).

- c. Have you applied for scholarship funding through the South Carolina Commission on Higher Education: Life, Hope or Palmetto Scholarship Programs? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please list the scholarship and the anticipated amount or award you expect to receive.

If no, please indicate why you have *not* submitted an application.

## 8. Transcript History

This section is to be completed by your principal or guidance counselor. Attach a certified transcript of the student's high school record to this sheet.

Ranking in senior class \_\_\_\_\_ of \_\_\_\_\_

GPA \_\_\_\_\_ on a \_\_\_\_\_ scale

Best Combined SAT Score: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Best ACT Score: Date \_\_\_\_\_ Score \_\_\_\_\_

Signature of principal or guidance counselor \_\_\_\_\_

I do state the above information is accurate and true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Mail Application and Required Attachments by Wednesday, April 11, 2012 to:**

**Community Foundation of the Lowcountry, Inc.**

**4 Northridge Drive, Suite A**

**Post Office Box 23019**

**Hilton Head Island, SC 29925-3019**

**Attn: Ellie and Michael Agresta Scholarship**



COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.

**The Ellie and Michael Agresta Scholarship Program  
Recommendation Form**

**PURPOSE**

The purpose of the *Ellie and Michael Agresta Scholarship Program* is to assist qualified students with financial need who are in pursuit of a post-secondary education and are attending or have been accepted and plan to attend a public college or university in South Carolina. The scholarship program is intended for students who have outstanding academic achievement, along with involvement in community and/or extra-curricular activities.

Your recommendation is needed as part of the application process. Please complete this form and return it by **Wednesday, April 11, 2012** to the Community Foundation of the Lowcountry, Inc. at the address listed below.

**To be Filled Out by Applicant**

Name of scholarship applicant: \_\_\_\_\_

Applicant's home address: \_\_\_\_\_

School applicant will attend this fall: \_\_\_\_\_

**To be Filled Out by Reference**

In what capacity have you known the applicant?

\_\_\_\_\_ Student    \_\_\_\_\_ Employee    \_\_\_\_\_ Other (specify) \_\_\_\_\_

Please use the back of this form (or attach a separate sheet) to write a recommendation for the applicant listed above, keeping in mind the purpose of the scholarship program as mentioned above. **Please include your evaluation of the applicant's academic achievements, community involvement, and why he/she would benefit from this scholarship program.**

Signed \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

**Return this form by Wednesday, April 11, 2012 to:**

**Community Foundation of the Lowcountry  
4 Northridge Drive, Suite A  
Post Office Box 23019  
Hilton Head Island, SC 29925-3019  
ATTN: Ellie and Michael Agresta Scholarship Advisory Committee**