



**The James L. Krum Memorial Scholarship Program  
Scholarship Guidelines & Instructions  
for the 2010-2011 Academic Year**

**PURPOSE**

The James L. Krum Memorial Scholarship Fund was established with the Hilton Head Island Foundation in 2003 to support the James L. Krum Memorial Scholarship Program.

The Krum Scholarship is designed to recognize those qualified candidates who have shown outstanding academic achievement, have demonstrated a commitment to lifelong community service, and have significant financial need.

A Krum Scholar is foremost a student whose outstanding academic achievement is complimented by an extraordinary history of on-going service to their school and community. The perpetual commitment of giving back in unselfish ways to enrich the lives of others is what exemplifies a Krum Scholar.

Judged to be the very top students, only a limited number of candidates will be selected each year for consideration. Recipients of this scholarship award will have the opportunity to receive substantial scholarship support, providing them the means to continue their community service work, while completing their post-secondary education.

It is the goal of the James L. Krum Memorial Scholarship Advisory Committee that recipients of this award remain connected during their lifetimes through their shared *desire to serve*, and that this common bond will guide them as they become leaders in addressing the challenges and opportunities of the local communities in which they choose to live and work.

**ELIGIBILITY/CRITERIA**

- A. Applicant must be a high school senior scheduled to graduate in the spring of the current school year from a high school on Hilton Head Island or in Bluffton, SC.
- B. If attending a South Carolina college or university, applicant must show evidence of acceptance of in-state educational scholarship funds, such as the S.C. HOPE and LIFE Scholarship programs.
- C. Applicant must be a U.S. citizen and legal resident of Beaufort County, South Carolina.
- D. Applicant must demonstrate financial need based on the applicant's and applicant's parent(s) or guardian(s) federal tax returns for the **last two years**, and a completed FAFSA (Free Application for Federal Student Aid) form.
- E. Applicant must have a cumulative grade point average of at least 3.0 on a 4.0 scale.
- F. Applicant must have plans to successfully complete a course of study at an accredited college or university.
- G. Applicant must have achieved and be able to show evidence of outstanding academic accomplishments and extraordinary community service activities.

## **APPLICATION PROCEDURE**

**Submit all application materials by *Monday, April 19, 2010*. Application materials should include:**

- A. A completed **James L. Krum Memorial Scholarship Application Form** (available on the Community Foundation's website at [www.cf-lowcountry.org](http://www.cf-lowcountry.org) or at the Community Foundation's office or 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 copy of the applicant's and the applicant's parent(s) or guardian(s) federal tax returns for the last **two** tax years (current and previous year).
- D. Free Application for Federal Student Aid (FAFSA) form - showing your Expected Family Contribution (number) or a written statement of why you did not apply for this Federal Aid.
- E. **A typed essay (1,000 - 2,500 words) describing how you have enriched the lives of others through your community service work and how you plan to continue community service work during your post-secondary education years and beyond.** What have you done above and beyond what has been required of you to help others? Describe your life as you envision it twenty years from now.
- F. **Three Recommendation Forms 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.
- G. Each applicant must attend a personal interview with the James L. Krum Memorial Scholarship Advisory Committee (Scholarship Advisory Committee) if chosen as a finalist.

## **SELECTION OF RECIPIENTS**

- A. The Scholarship Advisory Committee, composed of up to six members, shall select scholarship recipients (subject to approval by the Community Foundation of the Lowcountry's 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.

## **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 will review the students' responsibilities to the James L. Krum Memorial Scholarship Program. These responsibilities include, but are not limited to, maintaining an overall 3.0 GPA for the academic year from August through May, sending transcripts at end of the year, providing notification of all address or enrollment status changes, and continuing community service work.
- 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 or university of the scholarship recipient. Checks will be mailed to the college or university on pre-established dates (e.g. Aug. 1 & Dec. 15). Notification of payments will be sent to scholarship recipients.

### **Mail Application and Required Attachments by *Monday, April 19, 2010* to:**

Community Foundation of the Lowcountry, Inc.  
4 Northridge Drive, Suite A  
Post Office Box 23019  
Hilton Head Island, SC 29925-3019  
Attn: James L. Krum Memorial Scholarship



# JAMES L. KRUM MEMORIAL SCHOLARSHIP APPLICATION FOR THE 2010-2011 ACADEMIC YEAR

## 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 \_\_\_\_\_

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 \_\_\_\_\_

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

Name	Relationship	Age	School/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 education 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 college(s) 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 a resume for sections 4a, 4b, and 4c.

**a. List your 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.**

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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.

<b>Annual Expenses</b>	<b>College</b>	<b>College</b>	<b>College</b>	<b>College</b>
<i>Tuition</i>				
<i>Room/Board</i>				
<i>Books/Supplies</i>				
<i>Clothing/Personal</i>				
<i>Entertainment</i>				
<i>Transportation</i>				
<b>Total Annual Costs</b>				
<i>(Less Scholarships or Grants Received)</i>	(                      )	(                      )	(                      )	(                      )
<b>Total Projected Costs</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. If you plan to attend a college or university in South Carolina, will you use 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 explain why you will not make use of these funds.**

\_\_\_\_\_

\_\_\_\_\_

**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** \_\_\_\_\_

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**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 Monday, April 19, 2010 to:  
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4 Northridge Drive, Suite A  
Post Office Box 23019  
Hilton Head Island, SC 29925  
Attn: James L. Krum Memorial Scholarship**



# The James L. Krum Memorial Scholarship Program 2010-2011 Academic Year Scholarship Recommendation Form

## SCHOLARSHIP PURPOSE

The Krum Scholarship is designed to recognize those qualified candidates who have shown outstanding academic achievement, have demonstrated a commitment to lifelong community service, and have significant financial need.

A Krum Scholar is foremost a student whose outstanding academic achievement is complimented by an extraordinary history of on-going service to the school and community. The perpetual commitment of giving back in unselfish ways to enrich the lives of others is what exemplifies a Krum Scholar. Only a limited number of candidates will be selected each year for consideration, each judged to be among the top students in the class. Recipients of this scholarship award will have the opportunity to receive substantial scholarship support, providing them the means to continue their community service work, while completing their post-secondary education.

The student below is applying to the James L. Krum Memorial Scholarship Program. Your recommendation is needed as part of the application process. Please complete this form and return it by **Monday, April 19, 2010** to the James L. Krum Memorial Scholarship Program, c/o Community Foundation of the Lowcountry, Inc., 4 Northridge Drive, Suite A., Post Office Box 23019, Hilton Head Island, South Carolina, 29925-3019.

### 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 of the applicant for this scholarship, keeping in mind the purpose of the scholarship program as mentioned above. **Please include your evaluation of the applicant's ability to successfully complete a course of study at an accredited college or university, while continuing a commitment to community service.**

Signed \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

**Return this form by April 19, 2010 to:**

James L. Krum Memorial Scholarship  
c/o Community Foundation of the Lowcountry, Inc.  
4 Northridge Drive, Suite A  
Post Office Box 23019  
Hilton Head Island, SC 29925-3019