

**The Joan and Wade Webster Scholarship Program
Scholarship Guidelines & Instructions
for the 2010-2011 Academic Year**

PURPOSE

The Joan and Wade Webster Scholarship Fund was established through the Community Foundation of the Lowcountry, Inc. in 1995 to support the Joan and Wade Webster Scholarship Program. The purpose of the Joan and Wade Webster Scholarship Program is to assist qualified students in pursuit of a post-secondary education who demonstrate a willingness to learn about and practice sound personal financial habits in an effort toward becoming financially self-sufficient.

ELIGIBILITY/CRITERIA

- A. Applicant must be a U.S. citizen and legal resident of Hilton Head Island, Daufuskie Island, Okatie or Bluffton, South Carolina.
- B. Applicant must be a high school graduate or a high school senior scheduled to graduate in the spring of the current school year.
- C. Applicant must be accepted by or enrolled in a four-year undergraduate degree program at an accredited college or university.
- D. Applicant must demonstrate financial need and submit a completed FAFSA (Free Application for Federal Student Aid) form.
- E. Applicant must rank in the top 20% of the graduating class and have a GPA of at least 2.5 on a 4.0 scale.
- F. 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 Friday, April 9, 2010. Materials should include:

- A. A completed **Joan and Wade Webster Scholarship Application Form** (available through your High School Guidance Office or the Community Foundation of the Lowcountry).
- B. A certified copy of the **applicant's most recent high school and/or college 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 current and previous tax years**.
- D. **Free Application for Federal Student Aid (FAFSA) Form** showing your Expected Family Contribution amount or a written statement of why you did not apply for this Federal Aid.
- E. A completed **Parent/Guardian Personal Financial Need Form (attached to the Scholarship Guidelines & Instructions)**, signed by the applicant's parent(s) or guardian.
- F. A **typed essay (1,000 - 2,500 words) demonstrating a solid understanding of sound personal financial principles**, including an explanation of how the applicant will make financial decisions throughout his or her lifetime.

- G. **Three Recommendation Forms** completed by an employer, family member, current teacher, or school personnel explaining the applicant's ability to demonstrate personal financial responsibility.
- H. Each applicant must attend a personal interview with the Joan and Wade Webster Scholarship Program Advisory Committee (Scholarship Advisory Committee) if chosen as a finalist.

SELECTION OF RECIPIENTS

- A. The Foundation shall appoint a five-member Scholarship Advisory Committee to oversee the Joan and Wade Webster Scholarship Program.
- B. The Scholarship Advisory Committee shall select scholarship recipients (subject to approval by the Community Foundation of the Lowcountry's Board of Trustees).
- C. Scholarship funds will be awarded to cover only educational expenses, including but not limited to tuition/fees, room/board, and books. Specific costs to be covered will be at the discretion of the Scholarship Advisory Committee.
- D. 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 Foundation staff members will meet with all scholarship recipients to explain how the scholarships will be paid and to review the students' responsibilities to the Joan and Wade Webster Scholarship Program. These responsibilities include maintaining an overall 2.5 GPA, sending transcripts at end of academic year (August through May), and providing notification of any address or enrollment status changes.
- B. In accordance with the Foundation's policy, scholarship funds will be paid in the form of a check made payable to the scholarship recipient's college or university, and mailed to the college or university on pre-established dates (e.g. August 1). Notification of payments will be sent to scholarship recipients.

REAPPLICATION PROCESS

- A. Students must submit to the Community Foundation of the Lowcountry by a deadline date specified by the Scholarship Advisory Committee, an official copy of their transcript at the end of the spring term or at the termination of their course of study (if earlier than spring).
- B. Students must be enrolled full-time and maintain a cumulative GPA of at least 2.5 to be eligible for continued scholarship consideration.
- C. Students must complete a Scholarship Reapplication Form provided by the Community Foundation of the Lowcountry, which will update the student's address, school and other basic information.
- D. Students must provide evidence of fulfilling all projects and other requirements as noted in the Webster Scholarship Acceptance Form, signed by recipients prior to receiving any previous award(s).



**JOAN AND WADE WEBSTER SCHOLARSHIP APPLICATION
FOR THE 2010-2011 ACADEMIC YEAR**

Purpose:

The purpose of the Joan and Wade Webster Scholarship Program is to assist *qualified* students in pursuit of a post-secondary education who demonstrate a willingness to learn about and practice sound personal financial habits in an effort toward becoming financially self-sufficient.

General instructions to applicant:

All sections of this application must be completed in order to be eligible for consideration by the Joan and Wade Webster Scholarship Advisory Committee. In addition, the following attachments are **required** along with your completed application:

- 1.) **Certified high school transcript, including SAT/ACT scores.**
- 2.) **FAFSA (Free Application for Federal Student Aid) results.**
- 3.) **Required Essay on personal financial principles, including an explanation of how you will make financial decisions throughout your lifetime.**
- 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.**
- 6.) **Parent/Guardian Personal Financial Need Form**

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.

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

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

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

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

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.

b. List participation in athletic activities.

c. List your participation in community service and extra-curricular activities.

5. Employment History

List jobs you have held in the last three years.

Employer Dates Hours per week Position Salary

6. Your Expected ANNUAL Cost of College:

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

ANNUAL EXPENSES-\$	<i>College</i>	<i>College</i>	<i>College</i>	<i>College</i>
<i>Tuition</i>				
<i>Room/board</i>				
<i>Books/supplies</i>				
<i>Clothing/personal</i>				
<i>Entertainment</i>				
<i>Transportation</i>				
Total Annual Costs				
(Less Scholarships or Grants Received)	()	()	()	()
Total Projected Costs				

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 \$\$
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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 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 Friday, April 9, 2010 to:

Community Foundation of the Lowcountry, Inc.
 4 Northridge Drive, Suite A
 Post Office Box 23019
 Hilton Head Island, SC 29925-3019
 Attn: Joan and Wade Webster Scholarship



COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.

The Joan and Wade Webster Scholarship Program

PARENT/GUARDIAN PERSONAL FINANCIAL NEED FORM
for the 2010-2011 Academic Year

ALL INFORMATION IS CONSIDERED CONFIDENTIAL
(Must be included with Scholarship Application, due April 9, 2010)

PURPOSE

The Webster Scholarship Advisory Committee believes that a post secondary education is a valuable personal investment, and that the student and the family have the primary responsibility of paying for educational costs to the extent they are able.

When selecting recipients, the Webster Scholarship Advisory Committee strives to apply an equitable needs analysis system to determine the financial need of all applicants. That system includes, but is not limited to, review of federal tax return information for the applicant and the applicant's parent(s)/guardians, the FAFSA (Free Application for Federal Student Aid) Expected Family Contribution results, and individual applicant and family circumstances such as family size, number in college, income and assets.

To assist the committee in determining your applicant's financial need, please complete the following questions, sign this form, and include this form with the application.

1. What are the projected annual costs for your applicant to attend the college of choice? \$ _____*

* Please indicate name of College or University _____

2. What amount are you prepared to pay in order to meet these costs? \$ _____

3. How did you arrive at this number?

Two horizontal lines for writing the answer to question 3.

4. If there is a large differential between the projected annual costs for the college of choice and assets available to finance your applicant's education, how will this differential be met?

Two horizontal lines for writing the answer to question 4.

5. In what other ways are you willing to participate in your applicant's education (such as college loans, investigating work-study programs, etc.)?

Two horizontal lines for writing the answer to question 5.

Applicant's Name _____

Parent/Guardian's Signature _____

Date _____

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.

**The Joan and Wade Webster Scholarship Program
2010-11 Academic Year Recommendation Form**

The student below is applying to the Joan and Wade Webster Scholarship Program. This program offers scholarships to students enrolled in a four-year undergraduate graduate degree program at an accredited college or university. Your recommendation is needed as part of the application process. Please complete this form and return it by *Friday, April 9, 2010*, to the 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 next fall: _____

To be Filled Out by Reference

In what capacity have you known the applicant?

_____ Student _____ Employee _____ Other (specify) _____

The purpose of the Joan and Wade Webster Scholarship Program is to assist qualified students in pursuit of a post-secondary education who demonstrate a willingness to learn about and practice sound personal financial habits in an effort toward becoming financially self-sufficient.

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 potential to develop and implement financial responsibility, scholastic achievements, and potential as a leader.

Signed _____

Title _____

Address _____

Daytime Phone _____

Return this form with scholarship application by Friday, April 9, 2010 to:

Community Foundation of the Lowcountry, Inc.
4 Northridge Drive, Suite A
Post Office Box 23019
Hilton Head Island, SC 29925-3019
ATTN: Joan and Wade Webster Scholarship