



South Carolina Association of Licensed Trades

SCHOLARSHIP APPLICATION

I have read and understand the attached scholarship program description. I further state that all the information given here is accurate, to the best of my knowledge.

Signed _____ Date: _____

PLEASE PRINT

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____

City _____, South Carolina Zip Code _____

Legal Residence: State _____ County _____ City _____

Telephone: Home _____ Mobile _____

Major(s) _____

High School Rank _____ Grade Point Average* _____

**Referring Dealer _____

Dealer Address _____ Telephone _____

City _____, South Carolina Zip Code _____

College or Training School _____

Address _____ City _____ State _____ Zip Code _____

Financial Aid Contact _____ Telephone _____

Acceptance Date _____ Semester Start Date _____ Est Graduation Date _____

*Include copy of your latest transcript (showing courses and grades)

** Attach a letter of recommendation from the dealer

Please list schools you have attended:

Name	Address	Dates Attended

Use the space below to write a brief statement concerning your request for this scholarship.

Employer _____
(Present or Proposed Employer)

Complete application and return to info@shearingandair.org or mail to the address below.