

Guy Daniels Memorial Foundation Scholarship

Program Criteria and Conditions:

1. The Scholarship Committee of the Guy Daniels Memorial Foundation awards this scholarship. Completion of the application authorizes the Guy Daniels Memorial Foundation Scholarship Committee to verify any of the information given in the application.
2. Scholarships will be awarded to Horry and Georgetown County residents who will be undergraduate students in the 2016-2017 school year.
3. Any awarded scholarship funds are to be used strictly for tuition, books and course-related expenses and will be made payable to the academic institution on behalf of the recipient in which he or she shall be properly enrolled.
4. This scholarship may be a continuing scholarship but is not guaranteed to be a continuing scholarship. The recipient of this scholarship will be permitted to submit a scholarship application each year. The maximum scholarship is four consecutive years.
5. Include a transcript of high school or college records must be submitted with the application.
6. Attach a wallet-size photo to the application form.
7. Include your “Story” why you deserve this scholarship and what you can do with it!
8. Completed application must be received **no later** than April 7, 2017.
9. Please return application and required information to your school guidance counselor OR directly to:

Guy Daniels Memorial Foundation
PO Box 14134
Surfside Beach, SC 29587.



Scholarship Application Form

...Please Print or Type...

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ DOB _____ - _____ - _____

Email _____

Link to Social Profiles (Facebook, Twitter, etc) _____

College Attended, if applicable _____

College Major, if applicable _____

High School Attended _____

Graduation Year _____ Class Rank _____ In Class of _____

SAT/ACT(circle one): Verbal _____ Math _____

College You Plan to Attend _____

Course of Study/Major Planned _____

High School GPA: 10th _____ 11th _____ 12th _____

College GPA Freshman _____ Sophomore _____ Junior _____

of Siblings _____ # Siblings in College _____ # of Children Dependent upon Parents _____

List special academic honors or achievements earned in high school: _____

List community and school service activities: _____

List any other scholarships you have applied for and their amount: _____

****IMPORTANT**** Along with this application, please tell us in your own words something unique about yourself and why you feel you should receive this scholarship.

I authorize the Guy Daniels Memorial Foundation Scholarship Committee to verify any information contained in this application. I understand that all financial information will be shredded unless otherwise instructed by me.

Signed _____ Date _____

*Must be returned to school guidance counselor or
Guy Daniels Memorial Foundation, PO Box 14134, Surfside Beach, SC 29587
and received no later than April 7 2017, for consideration*

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