

# **S. C. Plumbing, Gas and Mechanical Association**

## **Scholarship Fund**

Applicant's Name

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**Application Deadline is August 31st**

Mail application to: SCPM&G Inspectors Association  
% Josh Christian  
4795 S. Church St. Ext. Suite 2  
Roebuck, S. C. 29376

**NOTICE TO APPLICANT:** Please read the "Instructions to Applicant" and the "Criteria of Qualifications" sections of this application thoroughly.

## INSTRUCTIONS TO APPLICANT

1. This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested (unless noted as "optional"). Read the contents carefully and understand each question and all information requested.
2. Before filling in the application, draft your answers on an extra form, to be used as your file copy and worksheet. No consideration will be given to carelessly prepared or incomplete applications.
3. Every question and statement must be answered and submitted. Do not answer any questions with a check mark. If the answer is "none" or "does not apply", it should be so stated. If spaces are inadequate for some answers, use a separate sheet.
4. Answers must be legible.
5. Have mailed directly to S.C. Plumbing, Gas & Mechanical Association; to be received no later than August 31 deadline, the following:
  1. The three enclosed forms for recommendation, two of which must be completed by teachers and /or faculty members.
  2. An up-to-date copy of your high school or college transcript of academic record.
  3. ACT or SAT scores.
6. Return to S.C. Plumbing, Gas & Mechanical Association the completed application with any other required or requested information.

## "CRITERIA OF QUALIFICATION" OF STUDENT APPLICANTS

The Scholarship Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of grants from the Educational Fund, provided not in conflict with criteria or guidelines herein stated, and as follows:

1. The student applicants shall be sons or daughters of active, retired or deceased members;
2. The student applicant shall agree that the use of the funds shall be predicated on his or her enrollment or the continuance of education in a recognized and/or accredited school such as college, university, trade school, Business College, or as may be acceptable to the Scholarship Committee. The approved fund should be used for such purposes as tuition, fees, books and student school supplies, rather than for room, board, clothes, and living expenses, unless otherwise determined by the Scholarship Committee.
3. The applicant shall show need for financial assistance.
4. The applicant should possess qualities of good character and integrity.
5. A record of evidence of satisfactory school grades, ability, ambition, and continuance of education shall be submitted.
6. The funds may be utilized by a student for continuation to succeeding year or years upon satisfactory academic progress, subject to review by the committee. The maximum number of years that funds may be granted a student is four years. All students desiring continuation of funding must make an application each year using this form.

I solemnly affirm that the correctness of the information supplied in this application, and that I have thoroughly read and understand the "Instructions to Applicant" and the "Criteria of Qualification" as transmitted herewith. If the scholarship is provided, I agree and promise to use it for no other purpose than as set forth in the "Criteria of Qualification".

APPLICANT'S PRINTED NAME \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

**APPLICANT REQUIRED TO HANDPRINT AND SIGN NAME**

Name of high school, preparatory school, college, etc. you have attended, or in which you are now enrolled:

School	Location	Dates (From – To)

**PLEASE INDICATE THE FOLLOWING:**

Honors received \_\_\_\_\_

Professional Societies \_\_\_\_\_

Clubs or fraternities \_\_\_\_\_

Extracurricular activities \_\_\_\_\_

Hobbies \_\_\_\_\_

**ADDITIONAL INFORMATION:**

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**SCHOLARSHIP AWARDS INFORMATION SHOULD BE SENT TO THE FOLLOWING ADDRESS:**

(Please Note: If information is not provided, scholarship awards information will be sent to the address listed in the "home address" section on the previous page.)

Name \_\_\_\_\_

Address \_\_\_\_\_

(Number, Street, City, State, Zip)

Application Summary

Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Latest SAT Score \_\_\_\_\_

Grade Point Average (HS) \_\_\_\_\_

Grade Point Average (College) \_\_\_\_\_

Total Family Income from Last Year's 1040 (attach a copy) \_\_\_\_\_

Estimated Annual Cost of College of Choice Including Room,  
Board, Books, and Tuition \_\_\_\_\_

Number of Other Family Members in College \_\_\_\_\_

College of Choice \_\_\_\_\_

Planned Major \_\_\_\_\_

Date \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(First Middle/Maiden Last)

Home Street Address: \_\_\_\_\_  
City/State/Zip

Date of Birth (Optional) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of husband/wife \_\_\_\_\_ Number of children \_\_\_\_\_

Applicant's Present Occupation \_\_\_\_\_

If employed, name of firm \_\_\_\_\_

Address of firm \_\_\_\_\_

Name of Father (or male guardian) \_\_\_\_\_

Home Street Address: \_\_\_\_\_  
City/State/Zip

Is he employed or previously employed by a municipality, county, or state (yes/no) \_\_\_\_\_

If so, give name of the municipality, county, or state where employed \_\_\_\_\_

Title of position or job \_\_\_\_\_ for how long? \_\_\_\_\_

If not, give occupation and where employed \_\_\_\_\_

Name of Mother (or female guardian) \_\_\_\_\_

Home Street Address: \_\_\_\_\_  
City/State/Zip

Is she employed or previously employed by a municipality, county, or state (yes/no) \_\_\_\_\_

If so, give name of the municipality, county, or state where employed \_\_\_\_\_

Title of position or job \_\_\_\_\_ for how long? \_\_\_\_\_

If not, give occupation and where employed \_\_\_\_\_

I (applicant) hereby apply for a grant, which will enable me to obtain/continue my education at

\_\_\_\_\_ Located at \_\_\_\_\_ for the  
(College, University, Trade School, etc.) (City, State)

session beginning \_\_\_\_\_ and ending \_\_\_\_\_  
(month/day/year) (month/day/year)

My class standing will be (Freshman, Sophomore, Junior, Senior) \_\_\_\_\_

My intended vocation is \_\_\_\_\_

The course of study I plan to major in is \_\_\_\_\_

**S. C. PLUMBING, GAS & MECHANICAL INSPECTORS ASSOCIATION**  
**Scholarship Reference Form**

Applicant's Name \_\_\_\_\_

Note: The scholarship applicant will forward this form to each person providing a reference. Individuals providing references should complete this form fully. The S. C. Plumbing, Gas, & Mechanical Inspectors Association Scholarship Committee will hold comments in strict confidence.

**Pertaining to Applicant**

1. I have known this applicant for \_\_\_\_\_ Years.

2. The applicant's general reputation and character are

\_\_\_\_\_  
\_\_\_\_\_

3. I believe the applicant's scholastic ability to be: \_\_\_\_\_

4. I believe the applicant's dedication to study to be: \_\_\_\_\_

5. I recommend the applicant for scholarship/grant because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pertaining to Individual Providing Reference**

My profession is: \_\_\_\_\_

I am associated with: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_  
\_\_\_\_\_