

Dick Horne Foundation

Post Office Box 306, 152 Market Street

Orangeburg, South Carolina 29116-0306

(803) 534-2096 cbrodie@orangeburg.sc.us

Deadline for spring applications: May 2, 2022

Scholarships are awarded only to residents of Orangeburg and Calhoun Counties and are based on Financial Need, Character and Ability. (Must be under the age of 25)

Student applicant's name _____

Address _____ City _____ Zip _____

Email address _____

Date of Birth _____ Phone (cell) _____ Social Security No: _____

High School Attended _____ Date of Graduation _____ SAT/ACT Score _____

College you Plan to Attend _____

Have you been accepted? _____ Major or Course of Study _____

Provide the following costs per semester:

Cost of Tuition _____ Cost of Books _____ Room, Board, other costs _____

If you are currently enrolled in college or have attended college at any time, an OFFICIAL transcript is required. Income information requested should be same as reported on current Income Tax Return. All questions applicable to you should be answered. Incomplete applications will not be processed.

Student Information: (if you are single, disregard spouse questions)

Marital Status _____ Name of Spouse _____

Annual Income of Spouse \$ _____ Employer of Spouse _____

Your Annual Income \$ _____ Your employer/occupation _____

Other Income of student (Social Security, Interest, etc.) \$ _____

Student Assets: (as of date of this application)

Cash, Savings, Checking Accounts, etc. \$ _____

Real Estate & Investments: _____

What is it worth \$ _____ Balance owed \$ _____

Any other indebtedness (student loans, etc.) \$ _____

Amount of PELL grant received per semester \$ _____ Other grants or scholarships per semester \$ _____

Parent or Guardian Information: (if you have not received support from your parents at any time during the past two years, please provide names only)

Parent's marital status _____ Number of children at home _____ In College _____ (include college students)

Father's Name _____ Father's employer _____

Annual Income from work by father _____

Mother's Name _____ Mother's employer _____

Annual Income from work by mother _____

Parent/Guardian annual income from Interest, Dividends, Rent, etc. _____

Parent/Guardian annual income from Pensions, Social Security, etc. _____

Parent/Guardian assets (as of date of this application)

Cash, savings and checking _____ Today's worth _____ Amount owed today _____

Home _____

Investments & other real estate _____

Farm or business _____

Use back of this form or attach a letter to explain special circumstances.

I certify that the above information is accurate and complete to the best of my knowledge.

Date completed: _____

Home telephone number _____ Signature of applicant _____

Attach recent photograph if available. Photograph will not be returned.

PLEASE ATTACH A COPY OF YOUR PARENTS'/GUARDIANS' LATEST TAX RETURN! THE ABOVE INFORMATION IS SUBJECT TO VERIFICATION