



**SOUTH CAROLINA CHAPTER OF  
THE NATIONAL ASSOCIATION OF BLACKS IN CRIMINAL  
JUSTICE**

***SC-NABCJ EDUCATIONAL SCHOLARSHIP APPLICATION***

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Present Job Title: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Telephone: Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Schools attended by years and date of high school/preparatory school graduation:

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

Academic Institution Name: \_\_\_\_\_

College/University Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Class Status:

- |   |   |
|---|---|
| <input type="checkbox"/> High School Senior | <input type="checkbox"/> College Junior   |
| <input type="checkbox"/> College Freshman   | <input type="checkbox"/> College Senior   |
| <input type="checkbox"/> College Sophomore  | <input type="checkbox"/> Graduate Student |

Current Cumulative Grade Point Average (GPA): \_\_\_\_\_

***Academic Transcript Must Be Included With Application***

List other scholarships/grants received: (amount/year) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other SC-NABCJ Scholarships: (amount/year) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Awards and Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List community services and /or extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List professional association memberships/affiliations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's Name: (if applicable) \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ number of dependents: \_\_\_\_\_

Father's Full Name: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Full Name: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Siblings: # Brothers \_\_\_\_\_ # Sisters \_\_\_\_\_

***BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE. I AUTHORIZE SC-NABCJ SCHOLARSHIP***

***COMMITTEE TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION PACKET.***

\_\_\_\_\_  
Signature of Applicant/Guardian/Spouse

\_\_\_\_\_  
Date

***Return Educational Scholarship Application To:***

**SC-NABCJ  
Attention: Educational Scholarship Chairperson  
Post Office Box 21928  
Columbia, South Carolina 29221-1928**