Claflin University International Alumni Association
Annual Scholarship Application

Name: _____
             Last   First   Middle

Student ID Number: _____ **Gender:** _____ Male _____Female

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ **Cellular Phone:** _____

Email Address: _____

Parent (s)' Name: _____

Mother's Occupation: _____

Father's Occupation: _____

Guardian's Name (s): _____

How many persons depend on your parents/guardian for support? _____

Have you been accepted to Claflin University? _____Y or _____N

Are you a full-time student at Claflin University? _____Y or ____N

CLASSIFICATION INFORMATION:

_____ **High School Senior** (list high school) _____

Address of High School: _____

Name of Principal: _____ High School Phone: _____

Date of Graduation: ____/_____/_____ Class Rank: _____ Intended major at Claflin: _____

_____ **Claflin Student** (list classification) _____

Major: _____ **Anticipated Graduation Date:** _____

Are you a previous CUIAA Scholarship Recipient? ____Y or ___ N

Where did you learn about this scholarship?

_____ E-Blast _____ CUIAA website ____Claflin Alumni Office _____ Friend

_____ Recruiter _____ Other (be specific): _____

Describe your financial need:

_____

_____

_____

_____

_____

_____

_____

List your extracurricular activities at Claflin and in the community:

_____

_____

_____

_____

_____

List your honors and awards:

_____

_____

_____

_____

_____

Briefly share your employment history/ skills:

_____

_____

_____

_____

_____

_____

Claflin University International Alumni Association
Annual Scholarship General Information

The Claflin University International Alumni Association will award a minimum of four (4) one thousand dollars ($1,000) scholarships, with the possibility of renewal annually, to eligible students who plan to matriculate at Claflin University during the next school year and/or to students who are presently enrolled at Claflin University.

CRITERIA

Applicants must:

1. Be graduating seniors from an accredited senior high school, career development center, or be a presently enrolled at Claflin University. Current Claflin students must be in good standing with the university academically, not on academic probation.

2. Have applied to, have been accepted to, and/or be a full time student at the University.

3. Be officially enrolled at Claflin University.

4. Have high moral values, a record of high academic achievement and leadership ability.

Submit to the Scholarship Committee Chairperson of the CUIAA, the following information:

A) Completed Claflin University International Alumni Association Scholarship Application. (No blank fields, utilizing "not applicable" or "N/A" for fields).

B) A one page, typed double-spaced essay on the topic: " How Claflin University Can Help/Is Helping Me Obtain My Career Goals" (**ALL APPLICANTS)**

C) A copy of high school (with SAT scores) for **NEW STUDENT APPLICANTS ONLY**.

D) A college transcript, required for Matriculating applicants **ONLY.**

E) Three (3) letters of recommendations (Strong letters of recommendation provide and articulate an engaging portrait of the applicant, applicant's academic background and applicant's community engagement.).

F) A Copy of Letter of Acceptance to Claflin University for **NEW STUDENT APPLICANTS ONLY**.

Judging Criteria

Financial Need -- 60 points
Academic Achievement -- 10 points
Community Involvement --- 10 points
Personal Traits/per Letters of Recommendation------------------ 10 points
Quality of Essay --- 10 points
Grand Total   **100 points**

SUBMISSION INSTRUCTIONS:
(DISMISSAL OF INSTRUCTIONS WILL RESULT IN DISQUALIFICATION)

All materials must be submitted ground shipping/ UPS/FedEx/USPS/ mail. Send all ORIGINAL application components (CUIAA Application, Essay, SAT Scores, Transcript, Acceptance Letter, Recommendation Letters and Recommendation Letter validation Form) to:

CUIAA Scholarship
Harriett R. Young
144 Daniely Dr.
Cordova, SC 29039

ALL GROUND SHIPPING SUBMISSIONS SHOULD BE POSTMARKED BY JULY 31TH

CUIAA SCHOLARSHIP APPLICATION DEADLINE: JULY 31, 2020

CLAFLIN UNIVERSITY INTERNATIONAL ALUMNI ASSOCIATION
ANNUAL SCHOLARSHIP APPLICATION

Recommendation Letter Validation Form

Name of Recommender: _____

Relationship to applicant: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ **Cellular Phone:** _____

Email Address: _____

I certify that the letter of recommendation submitted by the applicant was submitted by me as a document expressing an opinion regarding an applicant's ability, previous performance, work habits, character, or potential for future success.

Recommender Signature: _____ **Date:** _____

Name of Recommender: _____

Relationship to applicant: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ **Cellular Phone:** _____

Email Address: _____

I certify that the letter of recommendation submitted by the applicant was submitted by me as a document expressing an opinion regarding an applicant's ability, previous performance, work habits, character, or potential for future success.

Recommender Signature: _____ **Date:** _____

Name of Recommender: _____

Relationship to applicant: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ **Cellular Phone:** _____

Email Address: _____

I certify that the letter of recommendation submitted by the applicant was submitted by me as a document expressing an opinion regarding an applicant's ability, previous performance, work habits, character, or potential for future success.

Recommender Signature: _____ **Date:** _____