



Association of South Carolina Energy Managers Scholarship Application

Name of Applicant _____
(Last) (First) (Middle)

Parent's Name _____
(Must be an ASCEM Member) (Last) (First) (Middle)

Parent's Place of Employment _____

Student Address _____
(Post Office Box or Street)

(City) (State) (Zip Code)

High School _____
(Name)

(City) (State) (Zip Code)

Anticipated Program
Of Study _____

Institutions
Applied to
For Fall Term _____



Please provide the names and phone numbers of the people who have written letters of recommendation.

Administrator/
Guidance Counselor _____
(Name) (Phone)

Faculty Member _____
(Name) (Phone)

Non-faculty _____
(Name) (Phone)

Please use the following checklist to ensure a complete application package.

- Application Form
- High school transcript
- SAT or ACT scores
- Guidance Counselor or Administrator recommendation
- Faculty recommendation
- Non-faculty recommendation
- Description of extracurricular activities
- Description of awards or special recognition
- Other evidence of the student's achievements and character

Please sign below, allowing the ASCEM Executive Board to contact any reference in your application and stating that you understand the decision of the ASCEM Executive Board regarding the scholarship award to be final.

(Applicant's Signature) (Date)

(Parent or Guardian's Signature) (Date)