

# South Carolina Broadcasters Association

## APPLICATION FOR 2020-2021 SCHOLARSHIP

*(Only for use at the University of South Carolina School of Journalism)*

*To be completed by applicant and must be sent to the SCBA office by April 10, 2020:*

**S.C. Broadcasters Association  
2711 Middleburg Drive, Suite 201, Columbia, SC 29204  
Fax: (803) 732-4085 Email: [scba@scba.net](mailto:scba@scba.net)**

PLEASE PRINT CLEARLY OR TYPE: (Attach separate sheet if more space is needed.)

In the Fall of 2020, I will be: (Check One)

\_\_\_\_\_ Sophomore

\_\_\_\_\_ Junior

\_\_\_\_\_ Senior

1. Name \_\_\_\_\_  
Last First Middle

2. Email \_\_\_\_\_

3. Home Address \_\_\_\_\_  
Street Address

\_\_\_\_\_

City State

Zip Code

4. Cell Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

5. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

6. Describe the financial impact this scholarship would have with regard to pursuing your college degree: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe any full or part time non-broadcast jobs you've held. (Include employer, title & responsibilities) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe any part or full time broadcast-oriented jobs you've held. (Include employer, title and responsibilities): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List, by course title, all courses in which you are currently enrolled:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List, by course title, all courses in Journalism or Broadcasting which you have completed and indicate the grade you received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What other college scholarships or student aid will you be receiving in the 2018-2019 school year? (Please specify dollar amount for each one.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List your achievements and recognitions which indicate you are deserving of an SCBA Scholarship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List all school, church and community activities and clubs; specify major offices held in each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Give a brief statement of your broadcasting career objectives.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Describe any other pertinent information you wish the Scholarship Committee to know. (Attach separate sheet if more space is needed.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE THE SCBA SCHOLARSHIP COMMITTEE FULL  
OPPORTUNITY TO REVIEW MY ACADEMIC RECORDS

FULL NAME (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

STUDENT ID # or VIP ID # \_\_\_\_\_ DATE \_\_\_\_\_

In the Fall of 2020, I will be a: (circle one)

Sophomore

Junior

Senior