

## **ELAINE and ELLISON KAISER**

### **Health Science or Agriculture Scholarship**

Lexington Technology Center Completer (1st Preference)  
Lexington One High School Completer (2nd Choice)

**Deadline: February 10, 2025 Amount: \$500**

This scholarship will be awarded to a student that is completing the Health Science or Agriculture program at Lexington Technology Center (1st preference) or will be a completer from programs located at one of the other Lexington District One high schools. The student must show proof of college acceptance in a health care or agriculture program at a South Carolina college if awarded this scholarship.

Elaine and Ellison Kaiser were kind and loving people. Their lives reflected the strong character they upheld. They had a high ethical and moral standard; they dedicated themselves to their church and the needs of others less fortunate. They enjoyed being involved with young people and their activities. They had a strong desire and compassion for young people to have an opportunity to further their education. Elaine took a computer class at Midlands Technology College while in her late 80s and volunteered for many organizations. She helped at the Lexington Technology Center in the Health Science Classroom, where she saw many young people who were excited about learning.

Elaine and her husband Ellison learned about farming without any formal education. They farmed for over 50 years in our local community until they were well into their 70s. They both recognized the importance of education and encouraged all young persons to do their best and to strive to achieve their highest goals possible. They established this scholarship to support such students in Lexington District One.

#### **Eligibility Requirements:**

1. Must be a completer of either Lexington Technology Center's Health Science Program or Agriculture Education Program (1st preference) OR a completer from one of these programs at another Lexington District One high school.
2. Must have no major discipline infractions.
3. Overall GPA of 2.5 or higher
4. Two letters of recommendations (not from relatives)
5. Selected student must provide copy of acceptance into a 2- or 4-year college, university, or technical school in South Carolina in the school's health care or agriculture program either at the time the application is submitted OR at the time when the winner is announced at the high school's spring awards program.

#### **Application Process:**

1. Completed application submitted to LTC Counseling Department
2. Essay response -> How have your character traits, community involvement, and the LTC Ag or HST program influenced your personal goals and reasons for furthering your education in an Agriculture or a Health Science Career?
3. Academic transcript
4. Two recommendations (one from an academic teacher and one from a community leader or employer)
5. Documentation of Community Service (e.g., church, Mission Lexington, Boy or Girl Scouts)

#### **General Rules:**

1. Applicants will be judged on character, sincerity of purpose, and potential.
2. The scholarship is \$500, is issued one time only, and is not renewable.
3. The scholarship award will be announced during a completer ceremony for either Agriculture or Health Science or at the appropriate Lexington District One high school awards program.
4. The award check will be paid to the post secondary institution with the recipient's name included. Please notify Lexington One Educational Foundation of any change in college choice.
5. Recipient should send proof of college acceptance to the foundation staff if awarded this scholarship.



**ELAINE AND ELLISON KAISER**  
**Health Science or Agriculture Scholarship Application**  
*Submit to: Lexington Technology Center Counseling Office*  
*or Lexington One Counseling Office*

**DEADLINE: February 10, 2025**

Date: \_\_\_\_\_

Name in Full: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(month) (day) (year)

Father: living    deceased

Mother: living    deceased

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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

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

List the **name of classes** that you have taken or are taking in either Agriculture Education or Health Sciences. List the **year** each class was taken and the **final grade** you received in the class. You must have completed either Agriculture Education or Health Sciences and the required units of credit in either major.

List of classes and grade:

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

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College or University Attending: \_\_\_\_\_

Program of Study in College: \_\_\_\_\_

**Submit to: Lexington Technology Center Counseling Office OR  
student's appropriate Lexington District One High School  
Counseling Office**

**DEADLINE: February 10, 2025**