



## 2024 Higher Education Support Grant: \$1,000

The Educational Foundation's Board of Directors established the Higher Education Support Grant program to assist Lexington County School District One students who have significant financial need with their future endeavors. The grant program gives preference to seniors who have excelled despite overwhelming financial disadvantages.

**Eligibility and Application Deadline:** Applicants must be a currently enrolled Lexington District One senior who plans to attend a college, university, community or two-year college immediately upon high school graduation. Grants are intended to place money in the hands of seniors who need it the most. Therefore, **highest priority** will be given to students in the following circumstances:

- Foster care;
- Housing shared with others due to loss of housing, economic hardship, or similar circumstances;
- Motel/hotel lodging due to lack of other adequate accommodations;
- Emergency or transitional shelter placement; or
- Significant financial need based on individual and/or parent/household income.

**AWARDS:** All qualified Lexington District One seniors are encouraged to apply. Up to 25 grants of up to \$1,000 each will be awarded in May. **Applications must be submitted to your High School Counseling and Advisement Office no later than Wednesday, March 20, 2024.**

For grant recipients who will attend a residential college, the grant will be awarded in two equal payments to include a Dorm Room Award (\$500) and an Academic Supplement Award (\$500). The first half will enable the student to purchase typical necessities for dorm life (see approved list below). After the applicant has provided proof of dorm room purchases, by turning in receipts to the high school counseling staff (which will be forwarded to foundation staff), the second half of the grant will be awarded. This portion may be used towards tuition, academic fees or books. Receipts for the academic expenses should also be submitted to foundation staff.

For grant recipients who will live at home or attend a nonresidential college, the grant will be awarded in two equal payments of \$500 each and may be used for tuition, academic fees, books or equipment that is required for college courses (see list below). This grant may be paid directly to the school, equipment vendor, or to the student. Receipts must be turned in to high school counseling staff (and then forwarded to the foundation staff) in order for the second half of the grant to be awarded.

### Approved Expenses for Residential College Recipient:

#### **Bedding & Bath**

- Extra-long, twin comforter
- 1-2 extra-long twin sheet sets (fitted/flat sheets and pillowcase)
- Bed pillows (1-2)

#### **Dorm Room Items**

- Desk lamp
- Alarm clock
- Laundry basket/hamper
- Laundry detergent
- Curtains
- Clothes hangers
- Storage baskets or stackable crates
- Shower tote and shower shoes/flip flops
- Microwavable dishes
- Flatware

- Extra-long mattress pad/plastic cover
- Blanket
- Bath towels, hand towels, and washcloths
- Set of plastic drinking glasses
- Water bottle for campus use
- Photo frames or cork board for wall photos
- Desk organizer
- Over-the-door mirror
- Multi-plus power strip/surge protector
- Portable fan
- Wall putty or Command Strips
- Toiletry items – shampoo and conditioner

### Approved Expenses for Non-Residential College Recipient:

- Tuition, academic fees, or books for courses
- Other possible items include tools and equipment required for courses, required steel or composite work boots, safety glasses, laptop, and other items for professional degrees (e.g. Welding, Dental Hygienist) as identified by the college.

**\*\*Any other items needed that are not on the above lists must be approved prior to purchase. \*\***

**QUESTIONS?** Please contact Foundation staff: Executive Director Julie Anderson Washburn (803-821-1008 or [jwashburn@lexington1.net](mailto:jwashburn@lexington1.net)) or Tracy Rouillard (803-821-1009 or [trouillard@lexington1.net](mailto:trouillard@lexington1.net)).



**2024 Higher Education Support Grant for Lexington County School District One Seniors**

**Full Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **High School:** \_\_\_\_\_

**Which college, university, or two-year college do you plan to attend? List a second choice or alternative plan, too:**

\_\_\_\_\_

**Have you been accepted?**  Yes  No **Program/Major:** \_\_\_\_\_

**Will you be the first member and generation of your family to attend college?**  Yes  No

**Where do you plan to live while attending school?**

At home with parents/guardians  On-campus/university/college housing  On your own

**Does your family have other children who are attending a college/university/two-year college?**  Yes  No

If so, provide the name, age, and school for each below:

\_\_\_\_\_

**Are your parents/guardians providing financial assistance for all children's college expenses?**  Yes  No

**Have you filled out the Free Application for Federal Student Aid (FAFSA)?**  Yes  No

If yes, what is your Student Aid Index (SAI) Number: \_\_\_\_\_

If no, please explain why not. \_\_\_\_\_

**Do you expect to qualify for any of the following SC Education Lottery Scholarships?**

Palmetto Fellows  LIFE  SC HOPE  Lottery Tuition Assistance Program

**List all financial aid and scholarship awards/amounts in detail below. Attach copies of your 1) College Acceptance Letter, 2) Financial Aid Package, and 3) ALL other scholarship & grant award letters with your application**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you employed? If so, please list your employer:** \_\_\_\_\_

Full-time  Part-time **Dates employed:** \_\_\_\_\_

**Do any of the following circumstances describe your current situation? If so, please choose all that apply.**

Foster care

Housing shared with others due to loss of housing, economic hardship, or similar circumstances

Motel/hotel lodging due to lack of other accommodations

Emergency or transitional shelter

Economic hardship. Please attach a separate document and briefly describe your current situation.

**Do you or any members of your household receive the following? Check all that apply:**

Free or reduced school meals  SNAP (food stamps)  Medicaid  Social Security

**I hereby affirm that the information contained in this application is accurate and complete to the best of my knowledge.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_