

**First Choice by Select Health of South Carolina and First Choice Kids want to help make your dream of college or a new career possible.**  
Apply for the First Choice/First Choice Kids Member Scholarship. The application is also on our website at [www.selecthealthofsc.com/firstchoice](http://www.selecthealthofsc.com/firstchoice). The deadline for applications is April 15, 2010.

## Applicant Information

Name: Last, First MI \_\_\_\_\_ First Choice ID# \_\_\_\_\_  Male  Female  
 Street address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Social Security # \_\_\_\_\_

High School name and address	Year graduated
College/University/Trade/Vocational school name and address (either currently enrolled or planning to enroll)	
Major or area of study interest	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
Please list your activities outside of school or any volunteer activities:	
Please list any jobs (full or part time) you have held that have added to your educational goals:	

**Write a one-page essay (typed or neatly handwritten on a separate sheet of paper) telling us why continuing your education is important to you. Your essay must include the following points:**  
 What you want to study and why • How your education will change your life • Why you need our help • What you plan to do with your education

## Signature

I give my permission to use all or part of my essay and my photograph for publicity and/or advertising purposes.

\_\_\_\_\_  
 Signature of applicant OR parent/guardian if the applicant is under 18 years old \_\_\_\_\_ Date \_\_\_\_\_

### Reminders. You must:

- Be a current First Choice or First Choice Kids member and enter your member ID number above.
- **EITHER** be a high school student in 12<sup>th</sup> grade at the time of entry who will complete 12<sup>th</sup> grade or have your GED by June 2010. Please enclose a copy of your grades. (You must have a GPA of 2.0 or better). You must be enrolled in an accredited undergraduate college, university, trade or vocational school by August 2010 (graduate studies excluded).
- **OR** be currently enrolled in an accredited undergraduate college, university, trade or vocational school and continuing enrollment by August 2010 (graduate studies excluded). Please enclose a copy of your grades.
- Complete the entire application.
- Type or write a one-page essay that answers the questions listed on the application.
- Submit a letter of recommendation from a teacher, guidance counselor, clergy member, community leader, work supervisor or someone outside of your family who has known you for a number of years.
- **Your completed application package must be postmarked by April 15, 2010.** All required materials postmarked after the deadline will not be considered for the scholarship. Please mail your complete application package to:  
**Member Scholarship Program**  
**Select Health of South Carolina**  
**PO Box 40849**  
**Charleston, SC 29423**

