

Upper State Code Enforcement Association of South Carolina

M. F. “Red” Allen Memorial Scholarship Fund

Application of:

Application Deadline: September 30, 2025

Mail completed application to:

Mr. Tony Longino, Chairman
USCEA Scholarship Committee
301 University Ridge, Suite S-3100
Greenville, SC 29601

Or email form to Tony Longino at: tlongino@greenvillecounty.org

NOTICE TO APPLICANT: Please read the “Instructions to Applicant” and the “Criteria of Qualifications” sections of this application thoroughly.

INSTRUCTIONS TO APPLICANT

1. This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested (unless noted as “optional”). Read the contents carefully and understand each question and all information requested.
2. Before filling in the application, draft your answers on an extra form, to be used as your file copy and worksheet.
No consideration will be given to carelessly prepared or incomplete applications.
3. Every application and statement must be answered and submitted. Do not answer any question with a check mark. If the answer is “none” or “does not apply”, it should be so stated. If spaces are inadequate for some answers, use a separate sheet of paper.
4. Answers must be legible.
5. Have mailed **directly** to the Scholarship Committee Chairman; to be received no later than September 30, 2025 the following:
 - a. The three enclosed forms for recommendation, two of which must be completed by teachers and/or faculty members.
 - b. An up to date copy of your high school or college transcript of academic record.
 - c. ACT or SAT scores.
6. Return to Upper State Code Enforcement Association the completed application with any other required or requested information.

CRITERIA OF QUALIFICATION OF STUDENT APPLICANTS

The Educational Fund Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of grants from the Educational Fund, provided not in conflict with criteria or guidelines herein state, and as follows:

1. The student applicants shall be sons or daughters of active, retired or deceased members; and further active or retired member shall have attended no less than four monthly meetings per year. For this purpose, the annual meeting will be considered as a monthly meeting.
2. The student applicant shall agree that the use of the funds shall be predicated on his or her enrollment of the continuance of education in a recognized and/or accredited school such as college, university, trade school, Business College, or as may be acceptable to the Educational Committee. The approved fund should be used for such purposed as tuition, fees, books and student school supplies, rather than for room, board, clothes, and living expenses, unless otherwise determined by the Committee.
3. The applicant should possess qualities of good character and integrity.
4. A record of evidence of satisfactory school grades, ability, ambition, and continuance of education shall be submitted.
5. The funds may be utilized by a student for continuation to succeeding year or years upon satisfactory academic progress, subject to review by the committee. The maximum number of years that funds may be granted a student is four years. All students desiring continuation of funding must make application each year using this form.

I solemnly affirm that the correctness of the information supplied in this application, and that I have thoroughly read and understand the “Instructions to Applicant” and the “Criteria of Qualification” as transmitted herewith. If the scholarship is approved, I agree and promise to use it for no other purpose than as set forth in the “Criteria of Qualification”.

APPLICANT’S PRINTED NAME: _____

APPLICANT’S SIGNATURE: _____

APPLICANT IS REQUIRED TO HAND PRINT AND SIGN NAME

Date: _____

Telephone Number: ____ - ____ - ____

Applicant's Name: _____
First Middle/Maiden Last

Home Address: _____
Street

City State Zip Code

Marital Status: _____ Name of Spouse: _____ No. of Children: _____

Applicant's Present Occupation: _____
If employed, name of employer: _____
Address of employment: _____

Name of Father (or male guardian): _____
Home Address: _____
Number, Street, City, State, Zip

Is he employed, retired, or deceased while employed by a municipality, county, or State (yes/no) _____
If so, give name of the municipality, county, or State where employed: _____
Title of position or job: _____ Length of employment: _____
If not, give occupation and where employed: _____

Name of Mother (or female guardian): _____
Home Address: _____
Number, Street, City, State, Zip
Is she employed, retired, or deceased while employed by a municipality, county, or State (yes/no) _____
If so, give name of the municipality, county, or State where employed: _____
Title of position or job: _____ Length of employment: _____
If not, give occupation and where employed: _____

I, _____, hereby apply for a grant, which will enable me to obtain/continue my
education at: _____ located in _____ for
College, university, trade school, etc. City, State
the session beginning _____ and ending _____.
month/day/year month/day/year

My class standing will be (Freshman, Sophomore, Junior, Senior): _____

My intended vocation is: _____; the course of study I plan to major in is:
_____.

Names of high school, preparatory school, college, etc. you have attended, or in which you are now enrolled:

SCHOOL

LOCATION

DATES (TO-FROM)

PLEASE INDICATE THE FOLLOWING: (attach additional sheets if needed)

Honors Received:

Professional Societies:

Clubs or fraternities:

Extracurricular activities:

Hobbies:

Additional Information:

APPLICATION SUMMARY

Name: _____

Years Completed:

HS:

College:

Latest SAT Score: _____ OR ACT Score: _____

Grade Point Average (HS): _____

Maximum Possible: _____

Grade Point Average (College): _____

Maximum Possible: _____

Estimated Annual Cost of College of choice including Room, Board, Books, and Tuition: \$_____

Number of other family members in college: _____

College of Choice: _____
(Name of School and City, State of location)