



Thomas B. Jenkins Memorial Scholarship

Application - 2025

For Current Post-Secondary Students

BACKGROUND Information: In 1996, Margaret J. Lafoon established a trust with the Diocese of Charleston with the provision that upon her death, the proceeds from the trust be used to fund post-secondary school (college, junior college, technical school) scholarships for tuition and/or fees in memory of Thomas B. Jenkins, her father. Mrs. Lafoon passed away in 2007, and the trust has now grown to the point where the memorial scholarships can be awarded. The first scholarships will be awarded to candidates who have completed the application process and who best fulfill the scholarship criteria.

Application Process:

1. In order to be considered for a scholarship you must meet the following criteria:
 - a. Active parishioner status at St. Anne/St. Jude Catholic Church for at least one year
 - b. Hold a High School diploma from an accredited South Carolina high school or homeschool association
 - c. Have completed one or more years at an accredited junior college, technical school, college or university
 - d. Minimum Cumulative College GPA of **2.5**
 - e. Complete and submit a FACTS application for financial assistance by **June 30, 2025**.
2. Complete the Application form below and submit it, along with an unofficial transcript of grades-to-date, and two (2) character recommendations from non-family members to **Jenkins Memorial Scholarship Committee** no later than **June 16, 2025**
3. Once the Committee receives the application, you will be contacted to meet with them for a personal interview.

PERSONAL INFORMATION:

Legal name in full
(Print/Type)

Last Name

First Name

M.I.

Number, Street, and Apartment Number

City _____ State _____ ZIP _____

Phone: _____ **Date of birth** _____ **Age** _____

Month/Day/Year

Email Address: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1
(Print/Type)

Last Name

First Name

M.I.

Parent/Guardian 2

Last Name

First Name

M.I.

Address: _____

Number, Street, and Apartment Number

City _____ State _____ ZIP _____

Phone: _____ **Email Address** _____

APPLICANT'S POST SECONDARY SCHOOL INFORMATION:

Name of Post Secondary School: _____

Expected Date of Graduation: _____

Cumulative GPA _____ on a scale of _____

What is your major: _____

Total credits earned to date _____ Total number of credits required for completion: _____

Expected date of program completion: _____ Degree/Certificate you will receive: _____

1. List any post-secondary school activities (student government, sports, publications, school-sponsored community service programs, arts, music, etc.) in which you participated.

<u>Activity</u>	<u>Dates</u>	<u>Offices held</u>

2. List church-related service or social activities in which you have participated.

<u>Activity</u>	<u>Role</u>	<u>Dates</u>

3. List part-time and full-time jobs you are working

<u>Type of Work</u>	<u>Employer</u>	<u>Dates</u>	<u>Average # of Hours/Week</u>

4. Will you continue to work while completing the remainder of your post-secondary program?

_____ Yes _____ No

5. Please write a paragraph in which you describe and discuss your post-secondary education goals.

6. Please write a paragraph in which you describe the impact that your faith has had on your decision to pursue those post-secondary education goals.

7. List any other financial assistance awards or scholarships you have received thus far and the \$\$value of each.

8. What additional personal information do you wish to share with the Thomas B. Jenkins Memorial Scholarship Committee?

Other Items of Importance:

- 1. All scholarships checks will be made payable to the post-secondary institution the recipient will be attending.**
- 2. Scholarship awards are made for up to \$3000 for tuition and/or fees for one year only. Current year recipients may apply for subsequent year awards by submitting proof that s/he has maintained a 2.5 GPA and completed a minimum of 12 credit hours per academic term toward degree/certification requirements; none of those hours may be preparatory in content.**
- 3. Each applicant must, before a scholarship award can be made and a scholarship check can be written, place an order for her/his college or university to send an official transcript to:**

**Jenkins Memorial Scholarship Committee
c/o St. Anne/St. Jude Parish Office
216 Liberty St.
Sumter, SC 29150**

I certify that the information in this application is correct. I agree to abide by the decisions of the Scholarship Committee and understand that the decisions of the Committee will be final and not open to contest. If awarded a Thomas B. Jenkins Memorial Scholarship, I agree to complete a minimum of 12 or more credit hours per each academic term (to be considered a full-time student) of the 2025-2026 academic year. I further agree that if selected as a scholarship recipient, my name can be used in newspaper articles, parish bulletin articles and web articles.

Applicant's Signature _____

Date _____

Instructions for Submitting the Application Packet

1. **Submit the application as a packet. (Do not package the application in a folder or a binder. All required documents should be stapled together in the upper left-hand corner in the following order:**
 - a. **Application – completed, signed and dated**
 - b. **Character recommendations (2)**
 - c. **Your unofficial college transcript**
2. **Completed application packets may be submitted in one of two ways:**
 - a. **In person – delivered to: St. Anne/St. Jude Parish Office**
 - b. **By mail - Jenkins Memorial Scholarship Committee
c/o St. Anne/St. June Parish Office
216 East Liberty St.
Sumter, SC 29150**
3. **Application Deadline is: Must be hand-delivered or postmarked no later than June 16, 2025.**
4. **Please Note: The application packet deadline will be strictly adhered to, and late or incomplete application packets will not be considered.**
5. **Additionally, all applicants must have submitted an online application for tuition assistance to FACTS Management prior to June 30, 2025.**

For Office Use Only

Date received _____ By _____ Packet is _____ complete _____ incomplete

Date of interview _____ Outcome _____