



SCHOLARSHIP REAPPLICATION DETAILS

The Solomon Jackson, Jr., Scholarship Foundation will award scholarships annually to low income residents of the state of South Carolina who are graduates of public high schools or who obtained a high school equivalency diploma from the same state. Preference will be given to persons of color. The applicants must plan to attend an accredited and approved two-year or four-year institution within the United States. Students entering or returning to school are encouraged to apply.

Application Deadline

The deadline for all reapplications is June 1st of the year for which the applicant is seeking scholarship assistance. Applications will be accepted online, by email or through the mail and must be submitted or postmarked no later than the deadline date. If the deadlines fall on a weekend or a holiday please postmark on the Friday before the deadline dates. ***Please do not hand deliver or fax the application. Deadlines are strictly enforced.***

Application Submission & Selection

Applications will be accepted online, by email or through the mail and must be submitted or postmarked no later than the deadline date. To apply online, visit solomonjacksonjrfoundation.submittable.com. To apply via email or mail, submit the completed application and documents to the address or email address on the right. ***If mailing, please ensure all documents are single-sided and do not include any staples.***

The Solomon Jackson, Jr. Foundation
SouthState Private Wealth
P.O. Box 1030
Columbia, SC 29202

For questions, contact
SJJFoundation@SouthStateWealth.com

Application Documents

The applicant is required to submit a completed application form provided by the Solomon Jackson, Jr. Scholarship Foundation Committee. The following materials must be included in the scholarship application.

- ☐ 1. **Scholarship Application** [See attached form]
- ☐ 2. **Tax Return**
Taxable income for the previous tax year must be included. Please provide a copy of the first two pages of the parent/guardian and the applicant's Federal tax return, including Schedule C if business income / loss is claimed.
- ☐ 3. **FAFSA and SAR**
A completed copy of the FAFSA form and SAR (indicating expected financial contribution).
- ☐ 4. **University Financial Package**
Financial package information from the college / university must be submitted. If not available at the time of submission, please indicate the date and forward to us before June 15th.
- ☐ 5. **Transcript**
A copy of the transcript for the full academic year.



SCHOLARSHIP REAPPLICATION

Personal Information

Applicant Name (Mr./Ms) _____ Date of Birth _____

Home Address _____ SSN (XXX - XX - _____)

City _____ State _____ Zip _____

Phone _____ Email _____

Former High School Name _____

County _____ District _____

College Name _____ GPA of Previous Year _____

Major _____ Address _____

City _____ State _____ Zip _____

College Student ID# _____ Entering Year ☐ Two ☐ Three ☐ Four ☐ Other _____

Information Concerning Family

Father or Male Guardian

Name _____

Address _____

City _____ State _____

Zip _____ Age _____

Occupation _____

Company _____

Years with Company _____

Mother or Female Guardian

Name _____

Address _____

City _____ State _____

Zip _____ Age _____

Occupation _____

Company _____

Years with Company _____

THE SOLOMON JACKSON, JR. FOUNDATION

SCHOLARSHIP REAPPLICATION

Expenses for Previous College Year

Do Not fill in estimates with "Unknown".

Tuition \$ _____

Room & Board \$ _____

Transportation \$ _____

Books & Fees \$ _____

Medical Insurance \$ _____

Clothing \$ _____

Incidentals \$ _____

Other \$ _____

Total \$ _____

Available Funds for Previous College Year

Do Not fill in estimates with "Unknown".

Grant from Institution \$ _____

Stafford Loan \$ _____

LIFE \$ _____

Pell Grant \$ _____

Personal Loan \$ _____

College Work Study \$ _____

Parent / Relative \$ _____

Personal Savings / Job \$ _____

Other Scholarship(s) \$ _____

Scholarships Received \$ _____

Total \$ _____

Anticipated Scholarships for Next Year

Name	Amount
	\$
	\$
	\$
	\$
	\$



SCHOLARSHIP REAPPLICATION

Anticipated Expenses for Upcoming College Year

Do Not fill in estimates with "Unknown".

Tuition \$ _____
Room & Board \$ _____
Transportation \$ _____
Books & Fees \$ _____
Medical Insurance \$ _____
Clothing \$ _____
Incidentals \$ _____
Other \$ _____
Total \$ _____

Anticipated Funds for Upcoming College Year

Do Not fill in estimates with "Unknown".

Grant from Institution \$ _____
Stafford Loan \$ _____
LIFE \$ _____
Pell Grant \$ _____
Personal Loan \$ _____
College Work Study \$ _____
Parent / Relative \$ _____
Personal Savings / Job \$ _____
Other Scholarship(s) \$ _____
Scholarships Received \$ _____
Total \$ _____

Agreement

I have read and understand the terms of this scholarship award and the completed application and declare that the information herewith submitted is true to the best of my knowledge and belief.

Student Name (Please Print) _____

Signature _____ Date _____