



# The Filipino American Association of Greater Columbia

An All-Volunteer, Non-Profit Organization to Promote Inter-Cultural Education & Understanding

P.O. Box 24112, Columbia, SC 29223

website: [www.FilAmSC.org](http://www.FilAmSC.org) ♦ e-mail: [FAAGC@hotmail.com](mailto:FAAGC@hotmail.com)

## Columbia Fil-Am Scholarship Application

*Application Deadline: Postmarked by June 30*

### *Instructions:*

1. Type or print all information requested on the application form.
2. At the top of the counselor form, print or type your name and sign at the appropriate line.
3. Prepare a stamped envelope addressed to:  
Columbia Fil-Am Scholarship  
c/o Nieves McNulty  
1050 Lofty Pine Drive  
Columbia, SC 29212
4. Give your completed application form, list of extra-curricular activities, your essay, the counselor's form and the envelope to your counselor. Ask your counselor to complete the counselor's form and mail all forms using the stamped envelope by the deadline.
5. Any questions should be addressed to Nieves McNulty at H: 781-9509 or W: 786-3844 or email at [nmcnulty@colacoll.edu](mailto:nmcnulty@colacoll.edu).

Student Name	_____
Name of High School	_____
Parents' Names	_____
	(Student or parents must be members of FAAGC)
Mailing address:	_____
	_____
	_____
Telephone	_____ e-mail address _____

College(s) you plan to attend. List the most likely first.

\_\_\_\_\_

\_\_\_\_\_

*On a separate sheet,*

- A. Type or print a list (with dates) of your extracurricular activities and volunteer work. List FIL-AM related activities first.
- B. Write in 500 words or less, what the FAAGC Scholarship would mean to you.



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## Columbia Fil-Am Scholarship Application (Counselor's Form)

Name of Student Scholarship Applicant \_\_\_\_\_

I authorize the release of my grades and testing information.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

### To be completed by Guidance Counselor

*Dear Counselor,*

*We greatly appreciate your assistance in providing the following information for the above student. Please mail the completed application using the stamped addressed envelope provided by the student, postmarked by **June 30**. Thank you.*

\*\*\*\*\*

Cumulative GPA \_\_\_\_\_ Class rank: \_\_\_\_\_ out of \_\_\_\_\_ students.

Test Scores: *(the two most recent for each test)*

SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Month/Year \_\_\_\_\_

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ACT Composite: \_\_\_\_\_ Month/Year \_\_\_\_\_

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*Any comments about this student's situation or academic promise are welcome.*

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Counselor's signature

\_\_\_\_\_  
Date