



**Citizen Scholars Program:**  
A program of the Spartanburg County Foundation

**Student Application**

Please print carefully. Use a blue or black pen.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's/ Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's/ Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_

Who lives with you? Give their names, ages and how they are related to you.

\_\_\_\_\_

\_\_\_\_\_

What is your favorite subject and tell why it is your favorite?

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\_\_\_\_\_

How do you spend your spare time?

\_\_\_\_\_

\_\_\_\_\_

What person, who you know, do you most admire and explain why?

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What is the most difficult situation you have faced? How did you handle it?

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Why do you want to go to college? What do you hope to do when you finish college?

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Has anyone in your family ever attended college? \_\_\_\_\_ If yes, where did he/she go and when did they graduate?

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Why do you want to have mentors/ tutors?

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What kinds of things would you want to experience as a Citizen Scholar?

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What activities are you involved in at school, church, and /or community?

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**I will do everything required to meet the requirements of  
Citizen Scholars Institute.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Section of Student Application

This section of the student application should be completed by the parents/guardians.

Student's full name \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security number \_\_\_\_\_

Is your child a US Citizen? \_\_\_\_\_ If no, does he/she have a green card? \_\_\_\_\_

Mother's/ Guardian's Name \_\_\_\_\_ Last grade completed \_\_\_\_\_

Street \_\_\_\_\_ phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's place of Employment \_\_\_\_\_ phone \_\_\_\_\_

Father's/ Guardian's Name \_\_\_\_\_ Last grade completed \_\_\_\_\_

If Guardian please state relationship to this student \_\_\_\_\_

Street \_\_\_\_\_ phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's place of Employment \_\_\_\_\_ phone \_\_\_\_\_

Why do you want your child to be a part of the program?

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How will you support your child's participation in this program?

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I give permission for the school to give copies of my child's grades and test scores and attendance to Citizen Scholars. I give permission for Citizen Scholar staff and mentors to meet with teachers, counselors and administration as necessary.

If my child is selected for this program, I will make sure that my child participates in all required activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_