



Spartanburg  
County  
Foundation

## THE BOBBY CHAPMAN JUNIOR GOLF FOUNDATION SCHOLARSHIP PROGRAM APPLICATION

### PROGRAM GUIDELINES

- The Bobby Chapman Scholarship is to be awarded to a student who is a graduate (or soon will be) of a secondary school in the Southeastern United States and/or participated in a prior Bobby Chapman Invitational. **The Bobby Chapman Scholarship will be awarded each year on or before May 15.**
- The student recipient may or may not be a golfer.
- The student recipient must be accepted to matriculate as a full-time student in an accredited college or university offering academic programs leading to the baccalaureate degree.
- The student recipient **must have** the unqualified recommendation of his/her guidance counselor or principal. The Scholarship Committee will only accept **FIVE** applications per high school. Please note that these five (5) applications will be reviewed by The Spartanburg County Foundation's Scholarship Committee along with other applications submitted from high schools across the region.
- The student recipient is to be a person of good character, a person with demonstrated leadership capacity, a person who has acceptable academic promise and a person who promises to make a positive contribution as a mature citizen.
- The student recipient will be expected to maintain a scholastic performance level that advances him/her to graduation. This is understood to be a grade point **average of 3.0 or better on a 4.0 scale.**

The Bobby Chapman Junior Golf Foundation Scholarship Program will select **ten (10) scholarship recipients per year out of all completed applications received. The scholarship can be renewed annually** for four years of the college experience in the amount of **\$1,500 per year**. **To renew the scholarship, the recipient is responsible for submitting college transcripts and scholarship information to The Spartanburg County Foundation each year.** They can send transcripts and email message to include scholarship name, college/university attending, and student ID number to cfernandez@spcf.org.

Applications and all required supporting information must be sent by the high school guidance office to guarantee consideration. **Applications without a guidance counselor submitting Part II on page 6 will not be considered.** Home-schooled students must submit a transcript of his or her grades and a letter of recommendation comparable to a guidance counselor or principal (i.e., church minister, scout leader, etc.).

**MY GUIDANCE DEPARTMENT'S DEADLINE:** \_\_\_\_\_

**DEADLINE FOR GUIDANCE DEPARTMENT ONLY TO SUBMIT TO FOUNDATION – Postmark by:**  
**MARCH 20, 2026**

**Instructions: Please submit your completed application to your high school guidance counselor by your Guidance Department's deadline. The guidance office will send the top five applications from each high school to The Spartanburg County Foundation.**

**The Foundation's Scholarship Committee will select ten (10) scholarship recipients from applications received by high schools. The Committee will not review any applications sent without the high school guidance department's recommendation.**

**Application must be typed or in blue or black ink. Use of a pencil is not allowed.**

**CHECKLIST:**

You MUST include the following:

- Form A (Application and Writing Sample)
- Form B (High School Report Form, include SAT and/or ACT scores)
- Two letters of recommendation
  - 1. School recommendation by a Teacher or High School Guidance Counselor
  - 2. Family Friend, Coach, or Employer

**APPLICATION FORM**

**FORM A**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street or PO Box

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

Applicant Cell Phone #: \_\_\_\_\_ / \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone #: \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant High School: \_\_\_\_\_

High School Address: \_\_\_\_\_  
\_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

List three colleges to which you plan to attend:

Have you been accepted?

Yes No

Yes No

Yes No

You may list other colleges to which you have applied: \_\_\_\_\_  
\_\_\_\_\_

The Spartanburg County Foundation has authorization to solicit academic information and standard test scores from all secondary schools attended by me.

\_\_\_\_\_

Signature of Applicant

Non-Classroom Activities: (List your involvement in each of the following categories and rank by their importance to you. Use the right-hand column to identify school year(s) in which you were involved by listing 9,10,11,12. Note any activities in which you held an office or a leadership position. **You must use this page only.** **No attachments allowed.**

Activity	Year, Office, Leadership
Extracurricular Activities (including sports):	
Honors and Awards (including academic achievements):	
Community/Church Activities:	
Employment:	

**Writing Sample:**

In the following space, or on a separate sheet attached to this application, select one activity in which you were involved as a high school student and explain how this might enhance your college educational experience. **You must limit your response to no more than 250 words.**

**HIGH SCHOOL REPORT FORM**

**FORM B**

To the applicant: Please complete Part I and give this form to your high school counselor to complete Part II and submit according to instructions below.

**Part I:**

Name of Student: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**To counselor:**

Only **five** submissions from each high school will be reviewed by the scholarship committee; please do not submit more than **five** applications.

**PART II FOR SCHOOL:**

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

High School: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

In order to evaluate the applicant's request, please furnish the following (required):

- **SAT or ACT scores:** Please attach to this Form, if available. Test scores are optional, but will be considered in the process if submitted.
- Class Rank: This student is ranked \_\_\_\_\_ out of a class of \_\_\_\_\_. My school does not rank [ ]
- GPA: Please report as 2.0, 3.5, etc. \_\_\_\_\_ unweighted  
\_\_\_\_\_ weighted
- Transcript of grades for work to date

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

**This is submission #\_\_\_\_\_ of 5.**

**APPLICATIONS WILL ONLY BE ACCEPTED FROM**

The Spartanburg County Foundation  
Bobby Chapman Junior Golf Foundation  
424 East Kennedy Street  
Spartanburg SC 29302

**DEADLINE FOR GUIDANCE TO  
MAIL TO FOUNDATION:  
Postmark by: MARCH 20, 2026**