



## ABATE of Lexington's Freedom Scholarship

The Lexington Chapter of ABATE was originated in November 2001 as a charitable and safety oriented rights organization, dedicated to preserving a motorcyclist and citizen's freedom of the road in South Carolina. The Organization's membership continues to grow and expand its ability to support and give back to the community. The Lexington Chapter of ABATE, along with its partners, is proud to now offer the ABATE of Lexington's Freedom Scholarship to assist our young people in achieving success by obtaining higher education.

### **ELIGIBILITY**

1. Must be a South Carolina resident.
2. Must be an upcoming or graduating senior from a public or private high school within the Lexington County school district system.
3. Must be pursuing a minimum of an Associate Degree, in any field of study in a South Carolina public or independent Institution.

### **OTHER CONSIDERATIONS**

1. The scholarship will be for one year in length.
2. The amount of the scholarship will not exceed **\$500** per year.
3. The scholarship will be paid directly to the institution based on payment criteria at the participating institution. Funds must be used **ONLY** for tuition and books.

### **GENERAL INSTRUCTIONS**

1. **Applications and statements must be typewritten and signed in all instances.**
2. Official high school transcripts are required from the 9th grade up to the due date of the application.
3. Must carry a minimum 3.00 GPA at the end of their junior year of high school.
4. Applications should be submitted in the following order.
  - a. Application
  - b. Write an essay (minimum **300** words) on what "Freedom of Choice" means to you.
  - c. Transcripts
5. Deadline for submitting must be **POSTMARKED NO LATER THAN** the last Friday in May.

**MAIL TO:** ABATE of Lexington Inc.  
Attention: SCHOLARSHIP  
P.O. Box 85304,  
Lexington, SC 29073

**APPLICATION**

Date: \_\_\_\_\_

Ms.  
Student's Full Name: Mr. \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Student's Address \_\_\_\_\_ Tel \_\_\_\_\_  
Street Area/Number

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

Date & Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Schools attended (ninth through twelfth grades) Attach Transcripts

\_\_\_\_\_  
Name of School Date of Entrance Period Attended

\_\_\_\_\_  
Name of School Date of Entrance Period Attended

Date of high school graduation \_\_\_\_\_ Number in Class \_\_\_\_\_ Rank in Class \_\_\_\_\_

\_\_\_\_\_  
Name of College you plan to attend

**SCHOOL RELATED ACTIVITIES AND INVOLVEMENT**

State name of organization, year, and if an office was held. For Example: Cheerleading 3,4 Co-Captain 4.  
State only major activities.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards (State year and nature of honor or award).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NON-SCHOOL RELATED ACTIVITIES AND INVOLVEMENT**

State name of organization, year and if an office was held. For example: Church youth group, scouting, etc.  
(State only major activities.)

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**Honors and Awards**

(State year and nature of honor or award).

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**PLANS FOR COLLEGE ENROLLMENT**

State your plans for enrollment in an accredited public or private post secondary institution.

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**EMPLOYMENT**

Positions held in gainful employment, periods of employment, and average time employed each week, etc.

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**STATEMENT OF APPLICANT**

I understand that this Scholarship, if granted to me, is for pursuing a course of study in any field that offers an Associate degree. If for any reason my plans change, I will inform the Treasurer by letter. At that time the Treasurer will have the right to reevaluate my application and revoke my scholarship. I also understand that failure to notify the Treasurer of any change in my college plans will result in automatic revocation of any scholarship that I might have otherwise received.

**I understand that the Lexington Chapter of ABATE may publish my name and photograph if I am awarded this scholarship.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature (If student is not 18)

\_\_\_\_\_  
Student Applicant Signature

**I give permission to release my high school grades and test scores to the Scholarship selection committee.**

\_\_\_\_\_  
Signature of Applicant