Willa S. Bellamy Scholarship
Awarded by
The Government Finance Officers Association of South Carolina

Scholarship Information and Application Instructions
The Government Finance Officers Association of South Carolina (GFOASC) is a non-profit organization that promotes the professional development of its members by providing a forum for the exchange of information related to all aspects of government finance, and by recommending and supporting improvements to the financial administration of all governmental units in South Carolina. The membership includes employees of the State, City, and County Government, Colleges and Universities, and School Districts. By establishing and awarding the Willa S. Bellamy Scholarship, the GFOASC provides financial assistance to students seeking to enter the field of government finance.

Amount of Scholarship: $1,500

Who May Apply: Any undergraduate student who meets all of the following criteria.
· The applicant must be a resident of the State of South Carolina
· The applicant must be a rising Sophomore, Junior or Senior
· The applicant must attend a South Carolina public college or university.
· The applicant must be a finance, accounting, or business administration major with a concentration in accounting or finance.
· The applicant must have a 3.0 cumulative GPA.
· The applicant must be a full-time student.
· The applicant must provide transfer information to a four-year program if applicable.

How To Apply: The applicant must submit a completed application and a copy of their transcript to GFOASC via email in pdf format to scholarship@gfoasc.org or to the following mailing address:
Government Finance Officers Association of South Carolina
Attention: Scholarship Committee
P.O. Box 80549
Charleston, SC 29416

Submission Deadline: The applications must be received on or before April 7th.

Notification of Award: The award notification will be made on or before May 1st.

Applicant Information
Name: ___________________________ Date: ___________________________

Student ID Number ___________________________ Home Telephone: ___________________________

Home Address: ___________________________

Email Address: ___________________________ Work Telephone: ___________________________

College/University Information
Name: ___________________________ City: ___________________________

Major: ___________________________  

Once awarded a scholarship from GFOASC you are ineligible to receive any further scholarships from the association.

Classification in Current Academic Year:
☐ Freshman
☐ Sophomore
☐ Junior

College/University Activities and Honors:

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**Community/Civic Involvement:**

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**Career Objective:**

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**How will this scholarship benefit you: (100 words or less)**

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The applicant should have the recommendation section completed by a faculty member in his/her major department. The completed application form and a copy of his/her stamped and sealed transcript must be submitted according to the instructions given above.

**Faculty Recommendation**

1. In what way are you acquainted with the applicant (i.e., as a student in one or more of your courses, as a work study student, etc.)?

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2. What special abilities does the applicant have?

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3. What is your opinion of the applicant’s character:

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__________________________________________________________________________________________________________

4. Please evaluate the following traits:
   1=Superior; 2=Outstanding; 3=Average; 4=Below Average; 5=Poor; 6=Unable to Evaluate

   ____ Initiative ____ Ability to Express Ideas ____ Dependability ____ Team Work ____ Attitude ____ Career Potential
   ____ Ethic ____ Communicate Effectively ____ Attention to Detail

**Additional information or comments:**

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**Name of Faculty Member:**

___________________________________________________________________________________

**Signature of Faculty Member:**

________________________________________________________________________________

**Title:**

_____________________________________________________________________________________________________

**Date:**_________________________ **Phone Number:**____________________________