

C. G. FULLER FOUNDATION

Mr. C. G. Fuller was born in Ohio and moved to Barnwell, South Carolina in the 1930's. Owning only a dump truck, Mr. Fuller entered the road construction business, by which he became very successful. By the time Mr. Fuller died in 1972 he had amassed considerable wealth.

Having no children of his own to inherit his fortune, Mr. Fuller created the C. G. Fuller Foundation. One of the purposes of the Foundation is to provide scholarships for worthy South Carolina students.

Mr. Fuller had not been able to attend college, yet he recognized the value of a college education. He therefore wanted to help other young people attend college, who would not be able to without assistance.

Mr. Fuller also believed in supporting his community. The Foundation has made grants to Carolina Children's Home, Epworth Children's Home, Barnwell County Hospital, Barnwell County Library, Barnwell County Museum & Historical Board, Richland County Public Library and numerous other community grants in his honor.

Scholarship eligibility criteria:

- ***Application must be completed.***
- ***Applicant must be a current South Carolina resident.***
- ***Applicant must attend a South Carolina college or university.***
- ***Applicant must be a high school senior entering their first year of college.***
- ***SAT score must meet or exceed 1100 (critical reading and math) or***
- ***ACT composite score must meet or exceed 24***
- ***Adjusted Gross Income of parent(s) or guardian(s) from IRS Form 1040 or 1040A must be \$60,000 or less. Please provide a copy of you Free Application for Federal Student Aid (FAFSA). No application will be accepted without this information.***
- ***Letter of recommendation from your high school guidance counselor (or unrelated equivalent) along with the attached form must be received in a sealed envelope with application or directly from the guidance counselor.***
- ***All information, as noted on the application, must be received by the appropriate due date or your application will not be considered.***

Additional information:

If you are awarded a scholarship, you will be notified via regular mail and a check will be mailed to your college or university. Scholarships are awarded by August 15.

- Scholarships are for \$1250 per semester for a maximum of eight (8) semesters or until graduation, whichever is earlier.
- You will be required to submit grades at the end of each semester and maintain a 3.0 GPA
- Any semester you do not attain a 3.0 GPA, you will be placed on probation for the following semester. If you do not attain a cumulative 3.0 GPA, your scholarship will be cancelled.

C. G. FULLER FOUNDATION SCHOLARSHIP APPLICATION

Application deadline is **June 15**–
Email application to: paige.bernard@bofa.com
Mail to: Bank of America Private Bank
C. G. Fuller Foundation
620 S. Tryon St.
NC1-030-29-02
Charlotte, NC 28255

The following must accompany this application:

- 1) Please provide a copy of you Free Application for Federal Student Aid (FAFSA). No application will be accepted without this information.
- 2) Provide a brief summary statement of details which affect financial situation regarding your college education.
- 3) Summary from your college of choice regarding your tuition, room and board, and any scholarships or grants that have been awarded. This should be from your college account.
- 4) Provide a brief summary of school and community activities in which you have participated, including any leadership roles which you have held. (maximum of 1 page)
- 5) Of the activities in #4, which was the most rewarding to you and why? (maximum of 1 page)
- 6) Include an essay regarding your educational plans, how you chose your academic field (major) and how you plan on using your education after graduation. What is your lifetime goal and how you plan on reaching that goal? (1 page minimum, 2 page maximum)
- 7) **Application must include grades through December 31.**
- 8) Sealed letter of recommendation and form from high school guidance counselor or equivalent.

Note: Submit the High School Guidance Form to your counselor.

If any of the above is not received by the deadline listed, your application will not be considered.

First Name _____ Middle Initial _____ Last Name _____

Address _____

Address _____

Home Telephone _____ Cell _____

Date of Birth _____

Name of High School _____

Expected Graduation Date _____

ACT/SAT Score

ACT

SAT

Math _____ Critical Reading _____ Writing _____

GPA (out of 4.0) _____

Class Rank as of December 31 _____ out of _____

Applicant Name: _____

Name of College or University planning to attend:

Student ID at College or University _____

Anticipated cost per year:

- a. Tuition and Fees _____
- b. Room and Board _____
- c. Books and Supplies _____
- d. Transportation _____
- e. Other (specify) _____
- Total Anticipated Cost _____

Resources:

- a. Parents contribution _____
- b. Student contribution _____
- c. Hope Grant _____
- d. Other Grants _____
- e. Scholarships _____
- f. Educational Loans _____
- Total Resources _____

Father (living _____ deceased _____)

Full name _____

Address _____ Telephone _____

Occupation _____ Annual Salary _____

Mother (living _____ deceased _____)

Full name _____

Address _____ Telephone _____

Occupation _____ Annual Salary _____

If neither above apply, list Guardian(s) name, address, telephone, occupation, and annual salary

How many brothers and sisters do you have? _____

Age of brothers and sisters _____

Are any siblings currently attending college? Yes No

Applicant's job/occupation (if applicable) _____ Salary _____

(revised 6/26/2015)

**C. G. FULLER FOUNDATION SCHOLARSHIP
HIGH SCHOOL GUIDANCE FORM**

Please provide a written recommendation along with this form in a sealed envelope to the student or you may forward the recommendation directly to Bank of America Private Bank **by June 15** at the following address:

Email application to: paige.bernard@bofa.com
Mail to: Bank of America Private Bank
C. G. Fuller Foundation
620 S. Tryon St.
NC1-030-29-02
Charlotte, NC 28255

Student's Full Name _____

High School _____

Expected Graduation Date _____

ACT/SAT Score

ACT _____

SAT _____ Math _____ Critical Reading _____ Writing _____

GPA (out of 4.0) _____

Class Rank as of December 31 _____ out of _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Counselor Printed Name: _____

Counselor Signature: _____ Date: _____

Counselor Phone Number: _____