SOUTH CAROLINA JAIL ADMINISTRATORS' ASSOCIATION
2020 H.T. LEARY EDUCATION SCHOLARSHIP

Each year the South Carolina Jail Administrators' Association awards up to **four (4), $1,000.00 Scholarships and up to $300.00 in computer and textbook reimbursements** to enhance the academic pursuits of members presently working in the field of adult detention and their spouses and children. The application period opens on **March 1, 2020** and ends **Friday, May 29, 2020**. Applicants will be notified of their status via email by mid-July of the award year. It is important that you provide a valid email that you actually use and check frequently. If selected as an awardee, monetary awards will be mailed directly to the College/University attended by the awardee usually at the start of the upcoming Fall school term of the award year. Scholarship recipients will also be invited to and recognized at SCJAA's Annual Fall Training Conference Banquet.

Eligibility Requirements:

- **Applicant must be a dues paying member of SCJAA, an employee of a Facility Member Facility, or a spouse/dependent of a dues paying member or retired member in good standing.**
- **Must be currently enrolled in an undergraduate degree granting program (Associate's or Bachelor's degree) at an accredited college or university.**
- **Must prove need for financial assistance (students funded 100% by grants, scholarships and other methods other than out-of-pocket funds are not eligible).**
- **Must have completed 15 semester hours with a grade point average of 3.0 or above if not a recent or pending graduate from high school.**
- **High school seniors must have at least a B average and have been accepted by an accredited college or university.**

Application Package Must Include:

- **A completed application form;**
- **An official college/high school transcript of all courses completed;**
- **High school seniors must submit a letter of acceptance from a college/university; and one letter of recommendation (from a principal, teacher, guidance counselor or advisor);**
- **A 500 word essay (typed and doubled spaced). Must include references and works cited page; on the following topic:**

Immigration reform remains a highly debated and very emotional issue in this country. Discuss the various legislative and executive measures that have been enacted over the last decade up to the most recent, and their effectiveness towards achieving effective immigration policy. Identify three or more detailed measures you would suggest to address immigration reform for persons already in the country illegally, and for those who may seek entry in the future. Measures must be fair and reasonable and take the safety and security of current US citizens into consideration as well.

In order to be considered, application packages must be postmarked no later than **Friday, May 29, 2020 (scanned, emailed, or faxed application packages will not be accepted).** Mail completed applications to:

SCJAA Scholarship Applicant
c/o Shelton Hughes, Scholarship Chairman
Clarendon Co. Detention Center
PO Box 730

Phone: (803) 435-8831
E-Mail: shughes@clarendoncountygov.org

SOUTH CAROLINA JAIL ADMINISTRATORS' ASSOCIATION

2020 H.T. LEARY EDUCATION SCHOLARSHIP APPLICATION

Check one: _____ SCJAA Member or Facility Member _____ Dependent of Member

Full Name _____ D.O.B. _____

Mailing Address _____

Phone _____ Email _____

School You Are Attending _____

Current Academic Advisor _____

Name Phone

Major or Course of Study _____

Degree Sought _____ Current GPA _____

List all scholarships and grants with monetary amounts that you have received or expect to receive (attach additional sheet if necessary):

_____ _____ _____

Scholarship/Grant Name Amount Frequency

_____ _____ _____

Scholarship/Grant Name Amount Frequency

_____ _____ _____

Scholarship/Grant Name Amount Frequency

School Information: (School scholarship money will be sent to if awarded)

School _____

_____

Address Phone

If you are an active SCJAA Member, complete the following:

Place of Employment _____

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Immediate Supervisor _____ Phone _____

Years of Continuous Service with Department _____ Position _____

If you are a Dependent or Spouse of an active SCJAA Member, complete the following:

Relationship to Active Member _____

Place of Employment _____

Occupation _____ Position _____

Name of Active Member _____

His/Her Place of Employment _____

His/Her Years of Continuous Service with Department _____ Position _____

List accomplishments, awards, memberships, clubs, volunteer work, etc.

_____

_____

_____

_____

_____

Provide any additional information you believe the committee should consider when evaluating your application:

_____

_____

_____

The information submitted is true and correct. I authorize the SCJAA Scholarship Committee to verify information contained in this scholarship application package.

_____ _____

Signature of Applicant Date

_____ _____

Signature of SCJAA Member-Parent/Spouse if applicable Date