Application for the John Pontillo Scholarship offered by

The Low Country Retired Law Enforcement Association

For 2026, the Association will offer one \$2000 scholarship in Honor of John Pontillo to a graduating senior in a public or private high school or a home schooled resident in Beaufort or Jasper County.

Requirements

- 1. Must be a senior in Beaufort or Jasper County, SC, public or private high school or a home schooled resident of Beaufort or Jasper County who will graduate in the Spring of 2026.
- 2. Must be accepted and plan to attend an accredited college or university for the fall semester of 2026.
- 3. Must be the child or grandchild of an active or retired sworn member of law enforcement.

Application Instructions

Please complete the attached application form to apply for the Low Country Retired Law Enforcement Association Scholarship. Submit it with original transcripts, two letters of recommendation on school letterhead from a teacher of an **academic** subject along with other required documents and send to Scholarship Committee, c/o Norman L. Whyte, 64 Point West Drive, Bluffton, SC 29910 or via email to lowcountryleoscholarship@gmail.com by April 15, 2026. Late applications will **not** be accepted.

In addition, you must submit a **word-processed** 500 -700 word essay on the following topic:

What are the qualities necessary to become a community-oriented police officer? For example, but not limited to, good communication skills, adaptability, and the ability to work both independently and as part of a team. Feel free to include others.

The scholarship recipient's check in the amount of \$2000 will be sent to the college or university which he or she will attend.

APPLICATION

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ame of student:	
ddress - Street	
City, State, Zip	·
Email:	Phone number:
igh School :	
ame of Parent or (Grandparent associated with law enforcement:
elationship:	
ddress – Street	
ty, State, Zip	
Email:	Phone number:
w Enforcement Ag	ency:
gency Phone #	
Active:	Retired:
ollege or Universi	ty which you will attend:
udent id number:_	
omplete address of	financial aid office to which funds will be sent:
hone number of fin	ancial aid office:

Educational Inforn	nation:	
High School:		SAT or ACT Math:
GPA:		SAT or ACT Verbal:
Class Rank:	/	SAT or ACT Total:
Extracurricular Ac	tivities:	
Activity		Roles and Responsibilities
1		
2		
3		
4		
Recommendations	attached fro	m academic teachers:
Teacher Name:		
Academic sul	oject:	
Teacher Name:		
Academic sul	oject:	