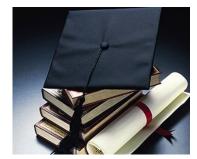
Cynthia Graham Hurd





The Septima P. Clark Corporation/Housing Authority of the **City of Charleston Charleston, South Carolina**

Cynthia Graham Hurd served with honor and grace for 20 years as a Commissioner of the Housing Authority of the City of Charleston from 1995 through 2015. During this time, Cynthia held the position of Vice Chair from 2001 through 2003, and Chair of the Consultant Selection Committee. Cynthia was devoted to the residents and families of the Housing Authority, as well as the community, and was a passionate advocate of education, having spent 31 years as a librarian and Branch Manager for the Charleston County and College of Charleston libraries. Mrs. Hurd also served as President of The Septima P. Clark Corporation which is a nonprofit created to further educational and social programs for persons in our local communities. Cynthia sadly loss her life while worshipping with eight others at Mother Emanuel AME Church on the evening of June 17, 2015. The first scholarship was awarded in the spring of 2016 in the amount of \$1,000.00.

INSTRUCTIONS FOR COMPLETING THE CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP APPLICATION PACKAGE 2023-2024

Eligibility Criteria

Applicant must be a South Carolina resident and pending graduate of a South Carolina accredited high school.
 _ Applicant must be an occupant of any of the Housing Authority of the City of Charleston residences or live in a household that participants in the HCV voucher program.
Applicant must be a graduating senior (May/June 2023) in a Charleston County or Berkeley School District School.

	_ Applicant must have a grade point average of 2.75 or higher.
	Applicant must be seeking admission into a technical, 2 year or 4 year college/university.
	_ Applicant cannot be a child or parent of a Housing Authority of The City of Charleston or Septima P. Clark, Inc. board member or employee.
Cont	ents of the Application Package
	OF THE FOLLOWING MUST BE SUBMITTED FOR THE PACKAGE TO BE COMPLETE OR //ILL BE DISQUALIFIED.
	_ Cynthia Graham Hurd Scholarship Application fully completed.
	Two completed recommendation reference letters (forms included in packet), each in a sealed envelope. Both recommendation letters must be submitted with package – <u>DO NOT</u> mail separately. Remind the people listed on the recommendations page of the application to include your name on the reference form before putting in a sealed envelope.
	One copy of your final official transcript through 7 semesters of your high school education.
	ESSAY: TYPE a 250-500-word essay discussing your personal career path and using the SMART Goals acronym. Indicate how the pursuit of a higher education will assist you in the fulfillment of your career aspirations and in making a positive difference in local and/or in the global community.
Subr	nission Criteria
	DEADLINE: Postmarked no later than midnight March 31, 2023
Mail	or Email application to: Septima P. Clark Corporation c/o Housing Authority City of Charleston Xavier Hampton 550 Meeting Street

The Cynthia Graham Hurd Scholarship Committee will review all qualified applicants and then determine the winner(s) of the one-time \$1,000 Scholarship. All applicants will be notified of the outcome prior to May 1, 2023. Scholarships will be paid directly to the college, university, or technical school where the student enrolls.

Charleston, SC 29403 Xhampton@chacity.org

CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP APPLICATION 2023-2024

Name:		Phone:				
Address:						
City:		State	Zip Code	:		
Social Security Number:			Date of Birth:	Ionth/Day/Year		
Name of high school currently atte	ending:			_		
GPA at the end of the first semeste	er of this year:					
SAT Score	and/or	ACT Score				
College/University/Technical Scho						
Address of College/University/Tec						
Intended Major/Courses of Study:						
Honors/Awards Received (within t	the past 3 years):					
Extracurricular Activities:						
Community Organizations:	needed)					
Parent/Guardian Name:						
Parent's e-mail address:						
Home Address:		City:	State:	Zip:		

RECOMMENDATIONS

Please give the names, addresses and telephone numbers of the **two** references completing the attached letter of recommendation forms. References must be from: (1) Teachers or (1) counselor and (1) community acquaintance. Family members cannot serve as a reference. (You must use attached forms for recommendations.)

1. Name: (Teacher or Counselor)	Pho	one:	
Address:			
City:	State:	Zip Code:	<u> </u>
2. Name:(Community Acquaintan	Pho	one:	
Address:			
City:	State:	Zip Code:	
I hereby declare that the information knowledge.	contained in this application	on is accurate and com	plete to the best of n
Applicant Signature	Parent or C	uardian Signature	
	Date		

CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP

Letter of Recommendation (Community Form)

Applicant's Name:			_
How long have you known the applicant?			-
Briefly explain below why you think applicar	nt should receive this so	cholarship.	
Name:			
Relationship to Student:		•	
Address:			
Phone:			
Email Address:			-
Signature		Date:	_

(Please place in a <u>sealed envelope</u>, with the student's name on the outside and return to applicant)

Letter of Recommendation (Teacher/Counselor/School Administrator Form)

Applicant's Name:					
How well do you know the applicant? (Please check one) Very well (More than one year) Fairly well (More than one semester) Not very well (Less than one semester)					
Please evaluate the applicant using the statements provided be applicant in relation to students, academics and extra-curricu					
	Not Observed	Below Average	Average	Above <u>Average</u>	
Makes friends easily.					
Shows interest and concern for the welfare of others.					
Influences other students to work together. Communicates effectively orally.					
Communicates effectively in written work.					
Sets an example of good conduct for other students.					
Exerts maximum effort, showing a strong desire to achieve.					
Shows self-control and performs well even under pressure. Adjusts to demanding schedule of activities without neglect					
to school work.					
Seeks academic challenge beyond that required by normal		,			
course work.					
Sets high standards for own performance in a number of areas and activities.					
Accepts criticism and makes improvements from it.					
Accepts full responsibility for personal shortcomings.					
Teaches practical skills to others.					
Participates in extra-curricular activities.					
Serves in leadership capacity in school organizations. Is an all-around good volunteer and individual.					
is an an-around good volunteer and individual.					
Briefly explain below why you think applicant should receive this	s scholarship o	or attach a s	igned letter	(no more than	one page).
Name:					
Position:		_			
Address:		<u> </u>			
Phone:		 :			
Email Address:					
Signature:		Date:			
(Please place form in a sealed envelope, with the student's nar	ne on the out	side and re	turn to app	olicant)	