



Cynthia Graham Hurd

Memorial Scholarship



**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 lost 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

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 participates in the HCV voucher program.
- _____ Applicant must be a graduating senior 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.

Contents of the Application Package

ALL OF THE FOLLOWING MUST BE SUBMITTED FOR THE PACKAGE TO BE COMPLETE OR IT WILL 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 – **DO NOT** 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.

Submission Criteria

- _____ **Submit Online or Mail application to:**

**Septima P. Clark Corporation
c/o Housing Authority City of Charleston
Xavier Hampton
550 Meeting Street
Charleston, SC 29403**

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 Graduation. Scholarships will be paid directly to the college, university, or technical school where the student enrolls.

CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP APPLICATION

(Please type or print in black ink) Do not modify this form; applications submitted on an incorrect form will be rejected.

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____
Month/Day/Year

Name of high school currently attending: _____

GPA at the end of the first semester of this year: _____

SAT Score _____ and/or ACT Score _____

College/University/Technical School in which applicant plans to enroll:

Address of College/University/Technical School

Intended Major/Courses of Study: _____

Honors/Awards Received (within the past 3 years): _____

Extracurricular Activities: _____

Community Organizations: _____

(May attach additional pages if 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: _____ Phone: _____
(Teacher or Counselor)

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone: _____
(Community Acquaintance)

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby declare that the information contained in this application is accurate and complete to the best of my knowledge.

Applicant Signature

Parent or Guardian Signature

Date

Letter of Recommendation (Community Form)

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 below. Please check the statements which best describe the applicant in relation to students, academics and extra-curricular activities. Please check only one response for each statement.

	Not Observed	Below Average	Average	Above Average
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.	_____	_____	_____	_____

Briefly explain below why you think applicant should receive this scholarship or attach a signed letter (no more than one page).

Name: _____

Position: _____

Address: _____

Phone: _____

Email Address: _____

Signature: _____ Date: _____

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