

# 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 Charleston Housing Authority 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 was tragically killed while worshipping with eight others at Mother Emanuel AME Church on the evening of June 17, 2015. **The first scholarship will be awarded in the spring of 2016 in the amount of \$1,000.00.**

### INSTRUCTIONS FOR COMPLETING THE CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP APPLICATION PACKAGE 2016-2017

#### 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 Charleston Housing Authority residences or its participating programs.

- \_\_\_\_\_ Applicant must be a graduating senior (June 2015) in a Charleston County or Berkeley School District School.
- \_\_\_\_\_ Applicant must have a grade point average of 3.0 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 goals. 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**

- \_\_\_\_\_ **DEADLINE: Postmarked no later than midnight March 18, 2016**

**Mail application to:**

**Septima P. Clark Corporation  
c/o Housing Authority City of Charleston  
Melissa Maddox-Evans  
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 April 22, 2016. Scholarships will be paid directly to the college, university, or technical school where the student enrolls.**

**CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP APPLICATION  
2015-2016**

*(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 **three** references completing the attached letter of recommendation forms. References must be from: (2) Teachers or (1 teacher and 1 counselor) and (1) community acquaintance. **Family members cannot serve as a reference. (You must use attached forms for recommendations.)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Teacher)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Teacher or Counselor)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. 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



**CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP**

**Letter of Recommendation  
(Teacher/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.

	<u>Not Observed</u>	<u>Below Average</u>	<u>Average</u>	<u>Above 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.	_____	_____	_____	_____

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)

**CYNTHIA GRAHAM HURD MEMORIAL SCHOLARSHIP**

**Letter of Recommendation  
(Teacher/Counselor 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.

	<u>Not</u> <u>Observed</u>	<u>Below</u> <u>Average</u>	<u>Average</u>	<u>Above</u> <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.	_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher/Counselor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Teacher/Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

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