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South Carolina Coaches Association of Women's Sports

Scholarship For Female Academic Athletes Majoring in Education

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South Carolina Coaches Association of Women's Sports Scholarship

INFORMATION

THE SCCAWS SCHOLARSHIP

The South Carolina Coaches Association of Women's Sports (SCCAWS) annually offers a scholarship to an incoming female college freshman from South Carolina. The scholarship is a one-time monetary award presented to a student who plans to major in education.

ELIGIBILITY AND REQUIREMENTS

The purpose of the SCCAWS Scholarship is to encourage student-athletes to enter the field of education. To help us in selecting a recipient for the award, eligibility requirements include:

1. Academic excellence (transcript, including SAT and/or ACT scores required)
2. Recommendations from guidance counselor and two teachers
3. Extra-curricular activities involving athletic and non-athletic participation (must be an eligible high school participant on one or more athletic teams).
4. Enrolling female college freshman who plans to major in education.
5. A one-page essay (in the student's handwriting) on the topic "Why I Want to Be a Teacher and Where I Envision Myself in the Teaching Field in Ten Years."
6. SAT – minimum composite score of 1000 and/or ACT – minimum composite score of 22
7. Rank in class
8. GPA (based on S.C. Uniform Grading Scale)

APPLICATION

Students wishing to apply for the SCCAWS Scholarship should complete and return the SCCAWS Scholarship application form to the high school guidance counselor by **April 9th**. The guidance counselor should then forward it to the SCCAWS Executive Secretary with a current copy of the high school transcript and a current report card on **April 14th**. The scholarship application must be complete and all needed information submitted in one packet. Applications that are missing information will not be accepted. Applications will be reviewed by the SCCAWS Scholarship Selection Committee who will name the student selected to receive the SCCAWS Scholarship for that year.

NOTIFICATION OF SELECTION

The recipient of the SCCAWS Scholarship will be notified in writing by the SCCAWS Executive Secretary. The recipient will be contacted in May and honored at the CAWS Player of the Year Banquet in June.

DEADLINES

Applications, recommendations, and essays for the SCCAWS Scholarship should be received by the SCCAWS Executive Secretary from the guidance counselor in one packet postmarked on or before **April 14th**. The student chosen for the scholarship must be accepted by and enrolled in a college before the scholarship is final.

SCCAWS SCHOLARSHIP
c/o Amy Boozer
PO Box 261

Newberry, SC 29108

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Read carefully the separate information sheet before completing the application. Please print or type the answers to all questions using a black or blue pen.
2. Complete and return your application by **April 9th** to your **guidance counselor**. Ask your guidance counselor to complete the appropriate section of the application, enclose your current high school transcript and report card, teacher recommendations, and mail to the above address. All information must be submitted in the packet.

APPLICATION

Full Name _____
LAST FIRST MIDDLE

Name by which you prefer to be called _____

Permanent Address _____
NUMBER AND STREET CITY STATE ZIP CODE

Birthdate _____ Country of Citizenship _____ Cell Phone # _____ / _____

Name of Parent or Guardian _____ Email Address _____

High School now attending _____ Date of graduation _____

High School League Athletic Participation:

Sport(s): Year(s):

Academic honors or recognitions (such as prizes, scholarships, honor societies) you have received:

Athletic honors or recognitions (such as team, region, county, state, area, national awards) you have received:

Offices held (both academic and non-academic):

Office

Organization

Please describe your most significant activities, school-connected or otherwise, including the nature of your involvement.

CERTIFICATION STATEMENT: I hereby certify that the information I have given is, to the best of my knowledge, true and accurate. I understand and agree that this application and any information received in connection with the SCCAWS Scholarship should be used only in the scholarship competition.

Signature of Applicant _____ Date _____

[illegible]

Name of Applicant

Name of Applicant: _____

Post-Secondary Schools Applied To:

Post-Secondary Schools Accepted To:

Post-Secondary School You Plan To Enroll:

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

All information provided will be considered confidential and will be available only to SCCAWS Scholarship Committee members.

NAME OF APPLICANT: _____

How many students are in the applicant's class? _____

Applicant's rank: _____

Please figure out the student's grade point average on the S.C. Uniform Grading Scale.

Grade Point Average _____

SAT Score or Scores V _____ M _____ Total _____ Date _____

 V _____ M _____ Total _____ Date _____

ACT Composite Score _____ Date _____

Signature _____ Date _____

Print name and title of person supplying information

High School Phone Number _____

Guidance counselors are responsible for returning entire application, including faculty recommendations (in sealed envelope), counselor recommendation, student application, student transcript, and current report card on or before April 14th to:

**SCCAWS Scholarship
c/o Amy Boozer
PO Box 261**

Newberry, SC 29108

TO BE COMPLETED BY GUIDANCE COUNSELOR
RECOMMENDATION

Recommendation made by: _____

Title or Position: _____

Any statement you make will be considered confidential and will be available only to the SCCAWS Scholarship Committee members.

NAME OF APPLICANT:

Give your estimate of the applicant's chances for success in schools beyond the high school level using the following characteristics:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Academic Attitude				
Strength of desire for advanced education				
Capacity for sustained effort				
Leadership				
Emotional Stability				

Comments (may use back of sheet)

Assessment of the student's special talents and abilities, strengths, and weaknesses, and any other factor which might have a bearing upon the decision of the selection committee:

Date _____ Signature _____

TO BE COMPLETED BY A HIGH SCHOOL TEACHER

RECOMMENDATION # 1

Please enclose it in a sealed envelope and return it to the high school guidance counselor by **April 9th**.

Recommendation made by: _____

Title or Position: _____

Any statement you make will be considered confidential and will be available only to the SCCAWS Scholarship Committee.

NAME OF APPLICANT: _____

Give your estimate of the applicant's chances for success in schools beyond the high school level using the following characteristics:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Academic Attitude				
Strength of desire for advanced education				
Capacity for sustained effort				
Leadership				
Emotional Stability				

Comments (may use back of sheet)

Assessment of the student's special talents and abilities, strengths and weaknesses, and any other factor which might have a bearing upon the decision of the selection committee:

Date _____ Signature _____

TO BE COMPLETED BY A HIGH SCHOOL TEACHER

RECOMMENDATION # 2

Please enclose it in a sealed envelope and return it to the high school guidance counselor by **April 9th**.

Recommendation made by: _____

Title or Position: _____

Any statement you make will be considered confidential and will be available only to the SCCAWS Scholarship Committee.

NAME OF APPLICANT: _____

Give your estimate of the applicant's chances for success in schools beyond the high school level using the following characteristics:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Academic Attitude				
Strength of desire for advanced education				
Capacity for sustained effort				
Leadership				
Emotional Stability				

Comments (may use back of sheet)

Assessment of the student's special talents and abilities, strengths and weaknesses, and any other factor which might have a bearing upon the decision of the selection committee:

Date _____ Signature _____

