

SOUTH CAROLINA ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE

ROBERT HAMPTON SCHOLARSHIP AWARD

Award Amount \$1,000 - \$2,000

Obtain an application from your college advisor.

Deadline to apply is May 22, 2017

The qualifications for the applicant are as follows:

1. Is enrolled as a full-time undergraduate student at his/her university when the scholarship is awarded.
2. Must be at least a second semester junior or have completed 75 credit hours (senior year candidate) with a cumulative GPA of 3.0 or higher.
3. Serves as a positive role model for the profession and his/her peers.
4. Assumes responsibility for his/her professional growth.
5. Shows evidence of professional commitment through membership and involvement in local, state and national organizations.
6. Has a financial need for the scholarship as determined by the Scholarship Committee.

Selection procedures:

1. Any student who is a current member of SCAHPERD may apply for the scholarship.
2. The application must be submitted in typewritten form following the format of the official application.
3. The Scholarship Committee shall complete the selection process by June 30th and will report results to the Alliance President.
4. The Executive Director will distribute the scholarship funds to the recipients by August 15th.
5. The Alliance President or the Chair of the Scholarship committee shall recognize the scholarship recipient(s) at the SCAHPERD luncheon during the annual convention.

SCAHPERD
ROBERT HAMPTON SCHOLARSHIP AWARD
OFFICIAL APPLICATION FORM

Deadline to apply is May 22, 2017

Return to:

Shannon Koch, SCAHPERD Administrative Assistant
1301 Columbia College Drive
Columbia, SC 29203

APPLICATION MUST BE TYPED

Personal Information

Name _____

Permanent Address

Present Address _____
(If Different From Above)

Phone Number _____ SSN _____ Email _____

<u>Educational Record</u>	Name and Address of College(s)	Dates of Attendance
_____	_____	_____
_____	_____	_____

Year in school: Junior _____ Senior _____

Total College Credit Hours Completed (not including those currently enrolled in) _____

Scholastic Proficiency: Cumulative Grade Point Average _____
(Please attach a copy of your college transcript)

Are you a member of SCAHPERD? Yes _____ No _____ If yes, give the date that you joined: _____

Member of SHAPE America? Yes _____ No _____
(If yes, please attach a photocopy proof of SHAPE America membership)

Does your institution have a majors club in your discipline? _____

If yes, what is your role in the club? _____

Have you attended a SCAHPERD conference? Yes _____ No _____

If yes, did you participate in Superstars or in the Preconference Dance Workshop? Yes _____ No _____

Have you served or are you currently serving as an officer for the Future Professionals Association of SCAHPERD? Yes _____ No _____ If yes, give date(s) of service _____

Describe your involvement with FPSC or any other association under the SCAHPERD Alliance

List any other organization memberships.

Honors and Awards

Leadership and Service

Statement of Financial Need (Attach a copy of your **FAFSA Student Aid Report** – go to: www.fafsa.ed.gov/ and follow Step 3 to print a copy of the report)

Personal Statement of Interests

Use the space below or attach no more than one additional page to respond to the following:

What are your career goals? How did you become interested in this field of study? What skills do you possess that you feel will be helpful to your academic career? Please feel free to supply any other information which may be helpful in assessing your application.

References - Include at **least two letters of reference** with this application. One must be from a college instructor. The other may be from a friend or employer.

Name _____ Relationship to applicant _____

Name _____ Relationship to applicant _____

I hereby acknowledge that the information submitted herein is true and correct and I understand that I may be asked to produce evidence in the form of receipts for the expenditure of my scholarship funds.

Applicant's Signature _____ Date _____