

# **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, 2018

### **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 30<sup>th</sup> and will report results to the Alliance President.
4. The Executive Director will distribute the scholarship funds to the recipients by August 15<sup>th</sup>.
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, 2018**

**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 \_\_\_\_\_

<b><u>Educational Record</u></b>	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

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List any other organization memberships.

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Honors and Awards

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Leadership and Service

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

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**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 \_\_\_\_\_