

**South Carolina Coaches Association
of
Women's Sports
and
Trophies by "M"**

**Medical Scholarship
For
Female Academic Athletes**

**South Carolina Coaches Association of Women's Sports
and
Trophies by "M" Scholarship**

INFORMATION

THE TROPHIES by "M" SCHOLARSHIP

The South Carolina Coaches Association of Women's Sports (SCCAWS) and Trophies by "M" annually offer a scholarship to an incoming female college freshman from South Carolina. The scholarship is a one-time monetary award in the amount of \$1000 presented to a student who plans to major in the medical field.

ELIGIBILITY AND REQUIREMENTS

The purpose of the SCCAWS and Trophies by "M" Scholarship is to encourage student athletes to enter the field of medicine. 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 high school league athletic teams).
4. Enrolling female college freshman who plans to enter the field of medicine.
5. A one-page essay (in the student's handwriting) on the topic, "Why I Want Enter the Medical Field and What Area of Specialization Do I Plan to Enter."
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)
9. **Financial need – income tax forms required (previous year income tax forms will be accepted)**
10. **A list of colleges where you have been accepted.**

APPLICATION

Students wishing to apply for the Trophies by "M" Scholarship should complete and return the scholarship application form to the high school guidance counselor by **March 22nd**. The guidance counselor should then forward it to the SCCAWS Executive Secretary with a current copy of the high school transcript and current report card on or before **March 26th**. The signing of the application by the counselor constitutes nomination for the SCCAWS and Trophies by "M" Scholarship. Please only submit one application from your school.

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

DEADLINES

Applications, recommendations, and essays for the SCCAWS and Trophies by "M" Scholarship should be received by the SCCAWS Executive Secretary from the guidance counselor on or before **March 26th**. The student chosen for the scholarship must be accepted by and enrolled in a college before the scholarship is final.

SCCAWS and TROPHIES BY "M" SCHOLARSHIP

**c/o Amy Boozer
PO Box 261
Newberry, SC 29108**

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 and Trophies by “M” Scholarship Committee members.

NAME OF APPLICANT _____

How many students are in the applicant’s class? _____ Applicant’s rank _____

Please figure 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 _____

Date _____ Signature _____

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 March 26th to:

**SCCAWS and Trophies by “M” Scholarship
C/O Amy Boozer
PO Box 261
Newberry, SC 29108**

TO BE COMPLETED BY GUIDANCE COUNSELOR

RECOMMENDATION

Please enclose in a sealed envelope.

Recommendation made by _____

Title or Position _____

Any statement you make will be considered confidential and will be available only to the SCCAWS and Trophies by "M" 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 bearing upon the decision of the selection committee:

Date _____ Signature _____

TO BE COMPLETED BY HIGH SCHOOL TEACHER

RECOMMENDATION # 1

Please enclose in a sealed envelope and return to the high school guidance counselor by March 22nd.

Recommendation made by _____

Title or Position _____

Any statement you make will be considered confidential and will be available only to the SCCAWS and Trophies by "M" 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 bearing upon the decision of the selection committee:

Date _____ Signature _____

TO BE COMPLETED BY HIGH SCHOOL TEACHER

RECOMMENDATION # 2

Please enclose in a sealed envelope and return to the high school guidance counselor by March 22nd.

Recommendation made by _____

Title or Position _____

Any statement you make will be considered confidential and will be available only to the SCCAWS and Trophies by "M" 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 bearing upon the decision of the selection committee:

Date _____ Signature _____