



Melanie Williams-Small's Scholarship Application

Twenty Pearls Foundation of Charleston, Incorporated

P. O. Box 30115

Charleston, SC 29417-0115

(843) 723-0171

Email: twentypearlsfoundationofchas@gmail.com

Website: Twentypearlsfoundationofchas.org

MELANIE WILLIAMS-SMALLS SCHOLARSHIP APPLICATION

Application Deadline: Postmarked by January 31, 2019

This is a one-time scholarship of \$1,000.00 conditional upon the verification of enrollment.

SCHOLARSHIPS

- The Melanie Williams-Small's Scholarship (\$1,000) awarded by the Twenty Pearls Foundation of Charleston, Incorporated
- The scholarship will be awarded to African American female high school seniors.

SCHOLARSHIP CRITERIA

- Must be a US Citizen
- Must be a graduating senior from a Charleston County High School and have a minimum grade point average of a B (80-89).
- Must enter college as a freshman in the upcoming fall semester

APPLICATION PROCESS

- Complete all items in this application packet.
- Select three people to complete the enclosed Scholarship Recommendation Forms in support of your application; Recommendation Form One must be a certified teacher or an administrator from your school. Recommendation Forms Two and Three may be from a pastor, employer, teacher, principal, guidance counselor, coach, etc. **Please do not include family members.**
- Submit an official copy of your high school transcript (sealed school envelope) and an official copy of your SAT/ACT score **must accompany this application.**
- **Include the following in the Essay:** No less than 250 words, typewritten, doubled spaced; size 12 font (Times New Roman), one-inch margins. **NOTE:** The Title/Heading is **NOT** counted in the 250 words.

The application must be **postmarked by January 31, 2019**. Only those applications that are **completed and postmarked by the deadline will be considered.** Please mail your completed application to:

**Twenty Pearls Foundation of Charleston, Incorporated
ATTENTION: Scholarship Committee
P.O. Box 30115
Charleston, South Carolina 29417**

MELANIE WILLIAMS-SMALLS SCHOLARSHIP APPLICATION

SECTION I – Contact Information

Student's Name _____

Address: _____
Street City State Zip

Phone Number: Home: _____ Cell: _____

E-mail Address _____

SECTION II – High School Information

Note: An official high school transcript and official ACT/SAT scores must accompany this application.

High School Name: _____

Address: _____

Phone Number: _____

Guidance Counselor: _____
Print Name Telephone Number

SECTION III - Activities and Honors: List all school and community activities in which you have participated during the past four years. Attach separate sheet if necessary.

Activity	Number of Years Participated	Awards/Honors

MELANIE WILLIAMS-SMALLS SCHOLARSHIP APPLICATION

SECTION IV – Post Secondary School Information

List names of colleges or universities to which you have applied:

List schools that have notified you of acceptance:

SECTION V - Work Experience

Company	Address	Positions	Hours per week
---------	---------	-----------	----------------

Company	Address	Positions	Hours per week
---------	---------	-----------	----------------

SECTION VI – Essay

Each applicant must submit a typewritten essay of no less than two hundred fifty (250) words on the following topic:

“Share with us something meaningful about your community interest that you believe completes your application and tells us more about you.”

Your essay will be graded on the following: (Grammar, punctuation, spelling, development of content, setting, paragraph and sentence structure).

MELANIE WILLIAMS-SMALLS SCHOLARSHIP APPLICATION

SECTION VII - Documentation Checklist:

Submit the following information as a packet in this order:

- ☐ Completed application form
- ☐ Letter of recommendation from certified teacher and/or administrator
- ☐ Second letter of recommendation
- ☐ Third letter of recommendation
- ☐ Essay
- ☐ Official transcript (Sealed envelope from school)
- ☐ Official SAT/ACT scores

CERTIFICATION/CONSENT:

All of the information on this form is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this application. I also understand that you may need to contact my high school counselor regarding information that I provided on this application. I realize that if I do not provide proof when asked, I will not be considered for a scholarship.

Applicant Signature

Date

MELANIE WILLIAMS-SMALLS SCHOLARSHIP APPLICATION

RECOMMENDATION FORM ONE– (Must be completed by a certified teacher or school administrator with a written narrative below)

Applicant_____ **High School**_____

Please rate this applicant by checking the appropriate box.

	Below Average	Average	Above Average	Superior
Character				
Reliability				
Scholastic Achievement				

***Please indicate why you feel this applicant should receive this scholarship.

Signature_____ Relationship_____

Address_____

Street City State Zip Code

Telephone Number: Home: _____ Work: _____

MELANIE WILLIAMS-SMALLS SCHOLARSHIP APPLICATION

RECOMMENDATION FORM TWO– (Must be completed by a pastor, coach, teacher, employer, guidance counselor, etc. with a written narrative below)

Applicant_____ **High School**_____

Please rate this applicant by checking the appropriate box.

	Below Average	Average	Above Average	Superior
Character				
Reliability				
Scholastic Achievement				

***Please indicate why you feel this applicant should receive this scholarship.

Signature_____ Relationship_____

Address_____

Street City State Zip Code

Telephone Number: Home: _____ Work: _____

MELANIE WILLIAMS-SMALLS SCHOLARSHIP APPLICATION

RECOMMENDATION FORM THREE– (Must be completed by a pastor, coach, teacher, employer, guidance counselor, etc. with a written narrative below)

Applicant_____ **High School**_____

Please rate this applicant by checking the appropriate box.

	Below Average	Average	Above Average	Superior
Character				
Reliability				
Scholastic Achievement				

***Please indicate why you feel this applicant should receive this scholarship.

Signature_____ Relationship_____

Address_____

Street City State Zip Code

Telephone Number: Home: _____ Work: _____