



SOUTH CAROLINA STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.
GREATER AUGUSTA CHAPTER
THE LUCILLE E. FLOYD SCHOLARSHIP
ACADEMIC & FINANCIAL NEED



CRITERIA – Category A {Merit & Need – (Entering Freshmen Only)} – Must meet 3 of the 4 criteria

1. Top 50% of high school graduating class.
2. Minimum S.A.T. score of 830 or 17 on the A.C.T.
3. Demonstrated leadership qualities in school and the community.
4. Established educational goals.

(Note: Recipient must maintain a cumulative GPA of 2.5 to continue receiving this Chapter Scholarship and provide verification of such).

CRITERIA – Category B {Need Only}

1. Minimum GPA of 2.5.
2. Demonstrated leadership qualities in school and the community.
3. Established educational goals.
4. Demonstrate financial need.

(Note: Recipient must maintain a cumulative GPA of 2.5 to continue receiving this Chapter Scholarship and provide documentation of such).

I. ELIGIBILITY REQUIREMENTS

1. Applicant **must be accepted** for matriculation at South Carolina State University.
2. To receive the award, the applicant must enroll at South Carolina State University the semester immediately following the announcement of the award.
3. In the event of any conviction of any immoral or criminal offense or if the recipient does not enroll in SCSU, the recipient loses all rights and claims to the scholarship money.
4. The amount of the scholarship will be paid directly to South Carolina State University Foundation to be applied to the recipient's account.

II. INSTRUCTIONS FOR COMPLETING ALL APPLICATIONS

1. Complete all information requested. Incomplete forms will not be submitted to the screening committee.
2. Application must be **typewritten** or **printed legibly** in dark ink.
3. Mail completed application and letters of reference in one packet to:

SCSU Alumni Association
Greater Augusta Chapter
Post Office Box 14235
Augusta, GA 30919

4. Provide three (3) letters of reference addressing you as a student and member of society and include them in the packet.

5. Official transcript is (mandatory) **and** must be included in the packet.
 6. A copy of official ACT or SAT scores from the testing center must be included in the packet.
- IV.** Deadline for submitting application packets is ---**April 30, 2025**
{The Greater Augusta Alumni Chapter reserves the right to extend these dates.}
- V.** The Greater Augusta Alumni Chapter Screening Committee will evaluate all Scholarship applications. The most qualified applicants will be recommended to receive scholarships based on our criteria and funding availability.

Notification of awards will be made by mail in May 31, 2025. All recipients must notify the scholarship committee of their acceptance of the scholarship within 15 days of notification by contacting the chapter by phone, Mrs. Rosa Ismah (803) 215-7769.



**APPLICATION FOR
SOUTH CAROLINA STATE UNIVERSITY
GREATER AUGUSTA ALUMNI ASSOCIATION
LUCILLE E. FLOYD SCHOLARSHIP**

(To be completed by applicant)



Name: _____
Last First Middle

Home Address: _____
Street or Box Number

City State Zip Code

County: _____ Telephone #: (____) _____

Date of Birth: _____ Email Address: _____

School _____

Parent/Guardian: _____

Is your parent/guardian an Alumnus of SCSU? (Circle one) YES or NO

Do you know any member of the Greater Augusta Alumni Chapter? (Circle one) YES or NO

If YES, state their FULL NAME: _____

List school activities: (Include positions, honors, etc. - attach artifacts of involvement)

List community activities: (Include honors/special recognitions, etc.-attach artifacts of involvement)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4 of 6



Part II- APPLICATION FOR
SOUTH CAROLINA STATE UNIVERSITY GREATER AUGUSTA
ALUMNI ASSOCIATION LUCILLE E. FLOYD SCHOLARSHIP
(To be completed by High School Guidance Counselor only for Category A)
(Category A -Merit & Financial Need)



NAME/POSITION: _____ PHONE: (____) _____

NAME OF HIGH SCHOOL: _____

ADDRESS: _____

DATES APPLICANT ATTENDED: _____ RANK IN CLASS: # _____ of _____

(Official scores from the testing center must be attached to this form along with an official transcript)
ACT SCORE: _____ or S.A.T SCORE: _____
Math Verbal Total Cumulative G.P.A.

COMMENTS TO SUPPORT STUDENT: (Please be very specific- Attachments are acceptable)

SIGNATURE OF COUNSELOR _____

STUDENT:
DISCLOSURE STATEMENT (Applicant to sign before submitting to high school official)

I, _____ give permission for release of the requested information
(PRINT FULL NAME)
to the Greater Augusta Alumni Association of South Carolina State University to be used in its
evaluation of my application for a chapter scholarship.

Signed: _____ Date: _____

NOTE: AN OFFICIAL TRANSCRIPT & OFFICIAL TEST SCORE COPIES ARE REQUIRED
WITH THIS FORM

APPLICATION DEADLINE:

April 30, 2025



APPLICATION FOR SOUTH CAROLINA STATE UNIVERSITY GREATER AUGUSTA ALUMNI ASSOCIATION

LUCILLE E. FLOYD SCHOLARSHIP
(Category B- Financial Need only)



Please explain in 200 words or less:

1. Why financial assistance is needed?
2. How the scholarship will be utilized?

[illegible]