

## Rahab Grand Court, Heroines of Jericho Jurisdiction of South Carolina Prince Hall Affiliated Financial Student Aid Application



(*Please print in ink or type*) Date: Full Name: City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: Date of Birth: Parent/Guardian Name: Parent/Guardian Name: Name of High School: Principal: \_\_\_\_ Guidance Counselor: Date of Graduation: \_\_\_\_\_ SAT Score: \_\_\_\_ ACT Score: \_\_\_\_ Honors/Awards/Recognitions received: List of Colleges/University you have applied to or plan to attend: Where have you been accepted: List and extra-curricular/community activities in which you participate: Do you have members in your household currently attending college or have graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Three l	letters of recommendation ; (a) School Counselor		(c) Friend/Neighbor
Name:			Telephone:
Name:			Telephone:
Name:			Telephone:
	Please include your sealed academic transcript/record of grades from 9 <sup>th</sup> through 1 <sup>st</sup> semester of 12 <sup>th</sup> grade with grade point average. (GPA MUST BE 3.0 or HIGHER) Attach a brief summary (MUST BE TYPED) of why you should be selected for financial assistance. The summary must be typed and a minimum of 300 words.		
Signati	ure of Student:		
Signati	ure of MAM:		
Name o	of Court:		
	plications with supporting of the certain testing of the certain testing to the certain testing to the certain testing to the certain testing testing to the certain testing testing testing to the certain testing te	locumentation must be p	postmarked by March 8, 2024. Please mail
		Rosie B. Ross	
		513 Palm Stree Georgetown, SC 2	
		Please do not write bel	ow this line
	COMMITTEE	'S RECOMMENDATIO	NS OF THE APPLICANT

## Committee Members:

Rosie B. Ross, Chairperson Theresa Ashbury, Co-Chair Jessica Hawkins Felicia Washington