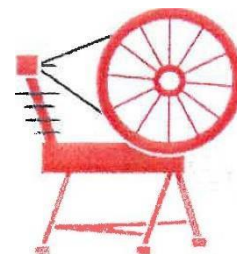




Rahab Grand Court, Heroines of Jericho
Jurisdiction of South Carolina
Prince Hall Affiliated
Financial Student Aid Application



(Please print in ink or type)

Date: _____

Full Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____

SSN: _____ 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 letters of recommendation from:

(a) School Counselor

(b) Church Official

(c) Friend/Neighbor

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

- Please include your sealed academic transcript/record of grades from 9th through 1st semester of 12th 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.

Signature of Student: _____

Signature of MAM: _____

Name of Court: _____

All applications with supporting documentation must be postmarked by **March 14, 2026**. Please mail completed packages to:

Rosie B. Ross
1101 Charlotte Street
Apt 12
Georgetown, SC 29442

-----Please do not write below this line-----

COMMITTEE'S RECOMMENDATIONS OF THE APPLICANT

Committee Members:

Rosie B. Ross, Chair

Theresa Ashbury, Co-Chair

Jessica Hawkins

Felicia Washington

Latoya Jackson

Terria C. Williams