



The Horatio Hughes Memorial Scholarship in Mathematics

About the Award: This scholarship, given in memory of Dr. Horatio Hughes, class of 1905 and distinguished professor of chemistry and physics at the College of Charleston, is awarded to math majors chosen by the Department of Mathematics. The awardees will receive at least \$2,000 towards tuition and fees for the 2017-2018 academic year.

Minimum Requirements: To apply for this scholarship, a student must have an overall college GPA of 3.0 or higher and have successfully completed at least two math courses at the 200 level or higher at the College of Charleston by the end of the Spring 2017 semester. At the time of award, the recipient must be both a declared math major and a full-time student at the College of Charleston seeking their first college degree. In addition, the recipient must be making active progress towards completion of the math major, and the award period must be within 4 years of the recipient's initial college enrollment. Past recipients of the Hughes scholarship who meet these requirements are eligible to apply again.

Selection Criteria: Selection will be based on grades in math courses taken at the College of Charleston, the number and difficulty of math courses taken, a brief essay, and recommendation from math faculty at the College.

Application Process: An application consists of a completed form (below) and a short essay (at most one page, no specific formatting requirements) detailing the applicant's interest in mathematics and plans after graduation. No other application materials are required. The selection committee will access the applicant's transcript and may contact listed professors for reference.

The application materials must be received by the **deadline of 4:00pm on Thursday, March 15, 2017** to be considered for the Fall 2017 award date. The materials can either be hand delivered to the math department office in room 339 Robert Scott Small Building, e-mailed to HoratioHughesMath@cofc.edu, or mailed to the following address:

Horatio Hughes Memorial Scholarship in Mathematics
College of Charleston
175 Calhoun Street
Robert Scott Small Building, Room 339
Charleston, SC 29401



The Horatio Hughes Memorial Scholarship in Mathematics Application Form

Name: _____

Student ID Number: _____

Mathematics Courses Taken at the College of Charleston:

Course	Term	Professor's Name	Grade*
MATH			
MATH			
MATH			
MATH			
MATH			
MATH			
MATH			
MATH			
MATH			

* Provide course grade for any completed course.

Please attach the authorization and consent to release education records form and a short (at most one page) essay detailing your interest in mathematics and plans after graduation.

By your signature you are confirming that all information is correct and accurate. Any information that is falsified, including participation and GPA, will result in loss of your scholarship and potential violations of the College of Charleston Code of Conduct policy.

Signature

Date

COLLEGE OF CHARLESTON
AUTHORIZATION AND CONSENT TO RELEASE EDUCATION RECORDS

In accordance with the *Family Educational Rights and Privacy Act of 1974* (FERPA), as amended, a student's education records are maintained as confidential by the College of Charleston and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. A student *may* grant permission to authorized personnel of the College to release some or all of that student's education records by completing this authorization and consent form. The student will be given a copy of the completed form. This form must be filed by the student with each office which is being requested to share information with a third party.

Student Name (print): _____ Student ID: _____

I, the undersigned current or former student, hereby consent and authorize:

Registrar's Office (Office or Department or School) with the College of Charleston to release the following records upon the request of the person(s) identified below:

CHECK ALL APPLICABLE RECORD(S)

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> All Educational Records Listed in this Form | <input type="checkbox"/> <input type="checkbox"/> Financial Aid Records (includes grants, loans, scholarships) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Academic Records (includes transcript, grades reports, advising records) | <input type="checkbox"/> <input type="checkbox"/> Student Affairs Records (includes housing, conduct/disciplinary, class absence records) |
| <input type="checkbox"/> <input type="checkbox"/> Student Account and Billing Records | <input type="checkbox"/> <input type="checkbox"/> Other Records (specify) _____ |

The person(s) authorized to receive these records is (are):

Name, Address & Telephone: Math Scholarship Committee (Tom Kunkle, Chair) Phone: 953-5730
For the Purpose of: consideration for math department scholarship

Name, Address & Telephone: _____
For the Purpose of: _____

DURATION OF AUTHORIZATION/CONSENT

(Complete first option for a limited duration consent/authorization. Otherwise complete second option for an indefinite consent/authorization.)
-- ONLY SIGN ONE SECTION--

By my signature below, I acknowledge that this consent and authorization is valid from 2-15-2017 ***to*** 5-15-2017.

Student's signature: _____ Date: _____

By my signature below, I understand that this consent and authorization shall remain in effect until written revocation from me is received by the office/school/department above named, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.

~~Student's signature: _____ Date: _____~~

For Official Use Only	
Form Received by: _____	Date: _____
Records Disclosed by: _____	Date: _____

REVOCATION OF CONSENT AND AUTHORIZATION

I, the above named student or former student, hereby revoke my consent and authorization to release my education records.

Student Signature: _____ Date: _____

For Official Use Only	
Revocation Received by: _____	Date: _____