

**MACWIN, LLC**  
**P.O. Box 967**  
**Conway, South Carolina 29528**

**February 4, 2022**

**Dear Student,**

The **MACWIN Waccamaw Region Scholarship**, sponsored by Marjorie Coakley McIver and Dr. Winston McIver, Jr., is opened to applicants who are graduates of accredited high schools in the Waccamaw Region of South Carolina (Horry, Georgetown, and Williamsburg Counties). This year, five (5) scholarships will be awarded, one of which will be awarded annually to an applicant who is a family member of a victim of the Emanuel 9 tragedy. The distribution of scholarships will include, but not be limited to the following awards:

- 2 STEM scholarships to be awarded to students pursuing an education in the field of Science, Mathematics, Medical / Health Science, Pharmacy, Architecture/Engineering, Sports Medicine or Computer Science
- 1 Education scholarship to be awarded to a student pursuing a career in the field of education
- 1 Pre-Law Scholarship to be awarded to a student pursuing a career in the field of Political Science, Social Science, History or Cultural Studies
- 1 Emanuel 9 Legacy Scholarship (Children, Grandchildren, Nieces & Nephews)

Applications may be obtained from high school guidance counselors, church secretaries, or designated contact persons, and through online access (Facebook, YouTube, and other social media networks).

It is our intent that all eligible students receive an application and have equal opportunity in the selection process. Therefore, we ask that you do your part and submit the completed application in a timely manner. The application deadline is **April 1, 2022**. Applications must be completed in full, verified with required signatures, and postmarked by the above deadline.

Should you have questions or concerns, please contact Marjorie C. McIver at (843) 907-1406 or [mcmciver@sccoast.net](mailto:mcmciver@sccoast.net)

**Sincerely,**

**Marjorie C. McIver, Co-Chair**  
**MACWIN Waccamaw Region Scholarship**



## MACWIN Waccamaw Region Scholarship Application

**Date:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

**Student's Name in Full:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ **Cell:** (    ) \_\_\_\_\_

If related to the Emanuel 9 (Children, Grandchildren, Nieces, Nephews), please complete the information in the box.

**Name of the Emanuel 9 related to the Applicant:** \_\_\_\_\_

**Signature of authorized Family Designee:** \_\_\_\_\_

**Name and address of institution to which the scholarship is to be applied:**

\_\_\_\_\_  
(Institution) (Career Field)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

**Applicant agrees that all information provided in this scholarship packet has been accurately reported.**

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

**List Extra-Curricular, Leadership, and Community Activities Below:**

**Extra-Curricular Activities:** (May include clubs, organizations, athletics, team, honors, awards, recognitions, etc.)

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**Leadership Activities:** (May include offices held, committee chm., awards, honors, recognitions, etc.)

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**Community Activities:** (May include service organizations, volunteerism, work experience, church involvements, awards, honors, etc.)

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**TO BE COMPLETED BY ALL APPLICANTS (Required)**

**To assist the committee in determining financial need, indicate your family's financial circumstances in the space provided.**

- |  |                            |
|--|----------------------------|
| _____ Under \$15,000                     | _____ \$30,000 to \$35,000 |
| _____ \$15,000 to \$20,000               | _____ \$35,000 to \$50,000 |
| _____ \$20,000 to \$25,000               | _____ \$50,000 to \$75,000 |
| _____ \$25,000 to \$30,000               | _____ \$75,000 and above   |
| _____ Family receives public assistance. |                            |

# Family members in household: \_\_\_\_\_ # School-Aged \_\_\_\_\_

Additional information to assist the Committee in determining need:

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**TO BE COMPLETED BY AN AUTHORIZED SCHOOL OFFICIAL**

1. Grade Point Average: \_\_\_\_\_ Based on an **Unweighted** Scale.
2. Class Rank: \_\_\_\_\_ of \_\_\_\_\_  
(If available) (# in class)
3. Official Transcript (attached)

\_\_\_\_\_  
**(Signature of Applicant)**

\_\_\_\_\_  
**(Signature of Authorized School Official)**

\_\_\_\_\_  
**(Official Title)**

Applications must be submitted no later than **April 1, 2022** to:

**Mrs. Marjorie C. McIver, Co-Chairperson**  
MACWIN Waccamaw Region Scholarship  
P. O. Box 967  
Conway, SC 29528  
Or Call (843) 907-1406 to Drop Off:  
1085 Hwy 544  
Conway, SC 29526

**Date Submitted or dropped off:** \_\_\_\_\_

## **PERSONAL STATEMENT**

**\*Please attach a wallet size photo to the Personal Statement.**

**Personal Statement:** Please share with the scholarship selection committee reason(s) why you should be considered as a recipient of the MACWIN Waccamaw Region Scholarship. Be sure to include your future plans and how you intend to utilize your education to make a difference in today's society.