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

February 14, 2023

Dear Student,

The MACWIN Waccamaw Region Scholarship (Horry, Georgetown and Williamsburg Counties), sponsored by Marjorie Coakley McIver and Dr. Winston McIver, Jr., is open to applicants who will be graduates of accredited high schools in the Waccamaw Region of South Carolina. 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. Hardcopies of applications may be obtained from high school guidance counselors, church secretaries, or designated contact persons, or students may choose to access the application online. Online application can be completed and submitted online at the following web address: <a href="https://forms.gle/FrNxKunDmVxo7KeS7">https://forms.gle/FrNxKunDmVxo7KeS7</a>.

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 30, 2023**. Applications must be completed in full, verified with required signatures, and postmarked or submitted by the above deadline.

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

Sincerely,

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



# 2023 MACWIN Waccamaw Region Scholarship Application

Date:				
High School:	School: Applicant:			
Student's Name in Full:				
Parent/Guardian Name(s): _				
	State:			
Telephone: ( )	Cell: ( )			
If related to the Emanuel 9 (complete the information in	Children, Grandchildren, Nieces the box.	, Nephews), please		
Name of the Emanuel 9 rel	lated to the Applicant:			
Signature of authorized Fa	amily Designee:			
Name and address of instit	tution to which the scholarship	is to be applied:		
(Institution)	(Career F	(Career Field)		
(Address)				
(City, State, Zip)				
Applicant agrees that all in been accurately reported.	nformation provided in this sch	olarship packet has		
(Student Signature)		ian Signature)		

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

Leadership Activities: (May	include offices held, committee chm., awards, honors, recogni	itions, etc.)
•	y include service organizations, volunteerism, work experience	e, church
nvolvements, awards, honors, etc.)		
TO BE COMPI	LETED BY ALL APPLICANTS (Required)	
Γο assist the committee in dete	rmining financial need, indicate your family's finan	
Γο assist the committee in dete	rmining financial need, indicate your family's finan	
Γο assist the committee in determined in the space provential committee i	rmining financial need, indicate your family's finan vided.  \$30,000 to \$35,000	
Γο assist the committee in determined in the space provided Under \$15,000	rmining financial need, indicate your family's finan vided. \$30,000 to \$35,000 \$35,000 to \$50,000	
To assist the committee in determination of the space provided and t	rmining financial need, indicate your family's finantial vided. \$30,000 to \$35,000 \$35,000 to \$50,000 \$50,000 to \$75,000	
To assist the committee in determination of the space provided and t	rmining financial need, indicate your family's finantial vided.  \$30,000 to \$35,000  \$35,000 to \$50,000  \$50,000 to \$75,000  \$75,000 and above	
To assist the committee in determination of the space provided in	rmining financial need, indicate your family's finan vided. \$30,000 to \$35,000  000\$35,000 to \$50,000  000\$50,000 to \$75,000  000\$75,000 and above public assistance.	
To assist the committee in determination of the space proved and the spa	rmining financial need, indicate your family's finan vided. \$30,000 to \$35,000  000\$35,000 to \$50,000  000\$50,000 to \$75,000  000\$75,000 and above public assistance.	

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

1.	Grade Point Average:	Based on an <b>Unweighted</b> Scale.			
2.	Class Rank: of (If available)				
	(If available)	(# in class)			
3.	Official Transcript (attached)				
(Sign	nature of Applicant)				
(Sign	nature of Authorized School Offici	(Official Title)			
Appli	ications must be submitted no later	than <b>April 30, 2023</b> 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.