

OVERVIEW

The South Carolina Specialty Crop Growers Association (SCSCGA) is pleased to announce the Dr. Powell Smith Scholarship Award, created to honor Dr. Powell Smith who has dedicated his life to the study of horticulture and entomology. The Dr. Powell Smith Scholarship is intended to encourage the study of horticulture and other plant sciences which will help sustain the fruit, vegetable, and specialty crop industry in South Carolina.

Amount of scholarship: \$1,250.00

Number of scholarships: 1

The Dr. Powell Smith Scholarship provides assistance to students pursuing a degree of higher education in horticulture or majors relating to fruits, vegetables, and specialty crops. In addition, the scholarship is designed to encourage students to develop knowledge and skills to assume positions of leadership in horticulture, civic affairs, and public service.

The scholarship will be awarded to a rising college junior or senior pursuing an undergraduate degree in horticulture, agriculture, or other specialty crop-related majors at a four-year college or university in South Carolina. Priority may be given to those students who have interned with a Clemson Extension office or agent.

The scholarship will be based on character, demonstrated leadership abilities, and dedication to horticulture or related fields. The recipient will be selected by the Board of Directors of the South Carolina Specialty Crop Growers Association.

Scholarship application judging guidelines:

- Scholastic achievement in college — 35 points
- Agricultural activities, participation and offices held in school and agricultural organizations, and community activities — 25 points
- Student statement and focus on career in agriculture or agricultural related field — 30 points
- Letter(s) of recommendation, which should include character references — 10 points

APPLICATION REQUIREMENTS

All Applications must be typed. Submissions must include the following:

- Application Form
- Letters of Recommendation (at least 1, maximum of 3)
- Personal Statement (1000 words or less)

All application forms once submitted become property of SCSCGA.

Incomplete applications will not be considered.

Applications for the scholarship must be sent no later than **October 31, 2025** to:

South Carolina Specialty Crop Growers Association
PO Box 11280
Columbia, SC 29211

I have read and understand the Dr. Powell Smith Scholarship Award application and selection criteria.

Applicant's Initials _____

Scholarship Award Application

MUST BE TYPED

APPLICANT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Home _____ Cell _____

Age _____ Year in School _____

SCHOLASTIC ACHIEVEMENT

HIGHER EDUCATION

School Name _____

School Address _____

City _____ State _____ ZIP _____

Major _____

Class Status _____ (Rising Junior or Rising Senior)

Cumulative Grade Point Ratio _____ (2.5 minimum) Previous Semester GPA _____

Academic Awards Received

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Please briefly tell us about your past and/or present participation in agricultural activities, participation and offices held in school and agricultural organizations, and community activities.

School Activities *(Include any offices held)*

Community/Organization Activities

Work Experience

Farm or Agriculture-related Activities/Experience

Tell us about your interests outside of school

LETTERS OF RECOMMENDATION

Attach at least one (1) with a maximum of three (3) letters of reference from Faculty Advisors, Professors, or others.

Reference letters should include information on character, leadership abilities, and dedication to agriculture.

(Application will be considered incomplete without reference letter.)

STUDENT STATEMENT

In 1000 words or less, please tell us about yourself and your plans to pursue a career in agriculture or agricultural-related field, and how you plan to contribute to the specialty crop industry. Essay must be typed.

SIGNATURE

I certify that all information provided in this application is true and complete to the best of my knowledge. If selected for the Dr. Powell Smith Scholarship, I agree to use the awarded funds solely for expenses related to my college education in the state of South Carolina for horticulture or a related agricultural field.

Signature _____ Date _____