

**OKOLONA SCHOLARSHIP
APPLICATION**

Return your completed application, with a 2" x 2" recent photograph attached to:
Secretary, Okolona Scholarship Committee
Post Office Box 23107
Jackson, MS 39225-3107

PERSONAL

Full Name _____

Present Address _____

2" x 2" Photo

Telephone _____

Social Security Number _____

Permanent Address _____

(if different from above) _____

Telephone _____

Place of Birth _____ Date of Birth _____ Male _____ Female _____

Are you a citizen of the United States? _____ If not, where? _____

If married, give name of spouse _____

Are any persons dependent on you _____ How many _____

Father's full name _____ Age _____

Occupation _____ If deceased, give date _____

Mother's full name _____ Age _____

Occupation _____ If deceased, give date _____

Local newspaper(s) to be notified of this award _____

RELIGION

To what church do you belong _____

Minister's Name _____

Mailing Address _____

What positions of church leadership have you held on local and other levels _____

HEALTH

Have you even had a serious illness? _____ If so, please describe, including present condition

What is your present physical condition _____ Height _____ Weight _____

Name of your family physician _____

Mailing Address _____

EDUCATION

HIGH SCHOOL

Name _____ Graduation Year _____

Mailing Address _____

List academic honors received, including honor societies and scholarship awards _____

COLLEGE

Name, if now attending or have attended _____

Mailing Address _____

Total credit hours earned _____ Major field _____

Degree (s) earned _____

List academic honors received, including honor societies and scholarship awards

State briefly your reasons for going to college _____

List any college aptitude tests taken and scores made _____

Have you received an Okolona Scholarship before _____ Has any member of your family _____

If so, give relationship to you _____

(Enclose your high school transcript or your college transcript if it is more appropriate.)

ACTIVITIES AND INTERESTS

List student activities in which you participated in high school. _____

List student activities in which you participated in college. _____

VOCATION

What are your present vocational plans _____

Indicate reasons for choosing this vocation. _____

FINANCIAL INFORMATION

What do you estimate your expenses will be for the next school year _____

List the scholarships and amounts you have already been awarded for this next year _____

What was your parents' total income from all sources last year _____

What will be their total estimated income this year _____

What was your spouse's total income from all sources last year _____

What will be his/her total estimated income this year _____

How much financial assistance for the year will you be able to secure from parents, spouse, relatives or friends _____

Did you earn any money from part-time work during high school or college _____ If so, describe type of work, approximate number of hours worked per week, and rate of pay _____

Will it be necessary for you to work during your college year _____ If so, what arrangements have you made for such work _____

List the names and ages of dependent brothers and sisters at home, noting which are now in college or will be during the next year and the names of colleges they are or will be attending _____

List the name, address and occupation of three adults, not related to you, who have known you for several years

_____	_____	_____
_____	_____	_____
_____	_____	_____

Give the name and address of the college, or colleges, at which this scholarship, if granted, will be used

College _____
Address _____

College _____
Address _____

College _____
Address _____

Date of Application _____

(Signature of Applicant)

**THE OKOLONA SCHOLARSHIPS
STATEMENT OF HIGH SCHOOL RECORD**

(CONFIDENTIAL)

NOTE: This form must be completed by the principal or superintendent of your high school. Please supply him or her with a stamped number 10 (4 Y4" x 9 1/2") addressed to:

Secretary
Okolona Scholarship Committee
Post Office Box 23107
Jackson, MS 39225-3107

NAME OF HIGH SCHOOL _____

MAILING ADDRESS _____

_____ is applying for an Okolona Scholarship for the academic year.

He/she attended this high school from _____ to _____ earning an average grade of _____.

Will you please supply the following information:

I. Statement regarding this students' academic ability _____

2. Statement regarding this student's character and interests _____

3. Special honors received while in high school _____

4. Use the following space (and the back, if necessary) for any additional remarks regarding the applicant

(Signed) _____ Date: _____

Title _____

**THE OKOLONA SCHOLARSHIPS
STATEMENT OF COLLEGE RECORD**

(CONFIDENTIAL)

NOTE: This form must be completed by a college faculty member who knows you well. Please supply him or her with a stamped envelope addressed to:

Secretary
Okolona Scholarship Committee
Post Office Box 23107
Jackson, MS 39225-3107

NAME OF COLLEGE _____

MAILING ADDRESS _____

_____ is applying for an Okolona Scholarship for the academic year

_____ He/she attended this college from _____ to _____ earning an average grade of

_____ and (if applicable) earned the degree of _____ with a

major in _____

Will you please supply the following information:

1. Statement regarding this students' academic ability _____

2. Statement regarding this student's character and interests _____

3. Special honors received while in college _____

4. Use the following space (and the back, if necessary) for any additional remarks regarding the applicant.

(Signed) _____ Date _____

Title _____