

Marilynn Purdie Endowment
SCHOLARSHIP APPLICATION FORM
(Scholarship awarded for Mississippi State University only)
(Only typed applications will be considered)

State: _____ County: _____ Year: _____

Name: _____
(First) (Middle) (Last) (Male) (Female)

Home Address: _____ Zip Code: _____

Home Phone: area code () _____ Social Security No. _____

Date and Year of Birth: _____ Age January 1 this year: _____

QUALIFICATIONS

1. Applicant must have completed requirements for high school graduation or must have started college work or higher education. The applicant must have at least a "C" average in all completed course work to apply.
2. Scholarship is to be awarded for the spring and fall semester of each year without restriction to a particular field of study. The major considerations are financial need, academic record and career aspirations.
3. Applicant who receives this scholarship may apply for the next year.
4. Incomplete applications will be disqualified.
5. N/A is not an acceptable answer on the application.
6. **HOMEMAKER VOLUNTEER INFORMATION:**

MHV Member's Name _____ Number of Years as a member _____

Is the MHV Member deceased? Yes _____ No _____ County _____

Preference will be considered for applicants who are single head of household.

Verify single head of household status by providing **Income Tax Information Sheet.**

_____ I am entering college for the first time.

_____ I am returning as a graduate or undergraduate.

APPLICATION

1. Completed application form that must be signed by the applicant and postmarked by **April 1.**
2. A transcript of high school and/or college credits.
3. Letters of recommendation from three persons other than relatives who know applicant well, in reference to ability to do college work and the need for financial assistance.

STATEMENT BY APPLICANT

I personally have prepared this report and certify that it accurately reflects my work:

Date: _____ 20 _____ Signature: _____

*Application must be postmarked no later than **April 1.** Mail to:*

Dr. Paula Threadgill
State Leader for Family & Consumer Sciences
Box 9601
Mississippi State, MS 39762



ACADEMIC INFORMATION

(Complete all statements that apply.)

High School: Grade _____ If not in high school, highest grade completed: _____

College: Number of years _____ Major: _____

1. Name and Address of High School

2. Name and Address of College

City

State

Zip

City

State

Zip

National Testing Scores:

SAT: _____ Date Tested: _____ ACT: _____ Date Tested: _____

Verbal

Math

Describe why you are interested in pursuing a college education: **(Limit to one page and attach)**

Field in which you are majoring or plan to major:

Outline your reasons for choosing this field of study:

FINANCIAL INFORMATION

List anticipated college costs for the next year:

Tuition fees \$ _____ Board \$ _____ Personal expenses \$ _____

Room \$ _____ Books \$ _____ Clothing \$ _____ Transportation \$ _____

Other: _____

Explain your need for financial assistance. Describe how you would use this scholarship and your plans for meeting this financial need:

Will you be receiving or will you be a candidate for any other scholarship(s) for the next year?

Yes _____ No _____ If Yes, please explain: _____

Will you be receiving or have you applied for any educational loans for the next year?

Yes _____ No _____ If yes, please explain: _____

Have you completed the Student Financial Aid Form?

Yes _____ No _____

Number in household _____

Annual Income _____