

**MISSISSIPPI HOMEMAKER VOLUNTEER, INC.  
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 of this \_\_\_\_\_

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**MISSISSIPPI HOMEMAKER VOLUNTEER INFORMATION**

**MHV Member's Name** \_\_\_\_\_ **Number of Years as a member** \_\_\_\_\_

**Is the MHV Member deceased?** Yes \_\_\_\_\_ No \_\_\_\_\_ **County** \_\_\_\_\_

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**QUALIFICATIONS**

1. Must be a full-time student at Mississippi State University.
2. Must be a Mississippi Homemaker Volunteer member, or child or grandchild of a Mississippi Homemaker Volunteer with **five** years of membership since 1995.
3. Applicant must be of good character and demonstrate leadership ability and financial need.
4. 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 to apply.
5. The scholarship is to be awarded for the fall and spring semesters of each school year on the basis of need, academic record, and career aspirations.
6. A student who receives this award may reapply for the scholarship the next year.
7. Incomplete applications will be disqualified.
8. N/A is not an acceptable answer on the application.

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**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.

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**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.)

1. High School: Grade \_\_\_\_\_ If not in high school, highest grade completed: \_\_\_\_\_

2. College: Number of years \_\_\_\_\_ Major: \_\_\_\_\_

Name and Address of High School

Name and Address of College

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip

City State Zip

3. National Testing Scores:

SAT: \_\_\_\_\_ Date Tested: \_\_\_\_\_ ACT: \_\_\_\_\_ Date Tested: \_\_\_\_\_  
Verbal Math

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Field in which you are majoring or plan to major:

\_\_\_\_\_  
\_\_\_\_\_

6. 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:

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Have you completed the Student Financial Aid Form?

Yes \_\_\_\_\_ No \_\_\_\_\_

Number in household \_\_\_\_\_

Annual Income \_\_\_\_\_