

Application
Mississippi Council of Cooperatives (AAL)
“L.L.Monroe” Scholarship
Fall 2011/Spring 2012 School Year

Name: _____ College Planning to Attend: _____

Address: _____

County: _____ Home Telephone No.: _____

E-Mail Address: _____

Name of Parent(s) or Guardian: _____

Parent(s) Occupation/Employment

Father: _____ Telephone (daytime): _____

Mother: _____ Telephone (daytime): _____

Section A - Academic Information

1. Name and Address of High School: _____

2. Name and Address of Community College: _____

Year of High School Graduation: _____

Year of Community College Graduation: _____

3. National testing Scores:

SAT: _____ Date Tested: _____
Verbal Math

ACT: _____ Date Tested: _____

4. Cumulative High School GPA: _____

Cumulative Community College GPA: _____

Semester Hours completed: _____

5. List Awards and/or achievements during your last TWO YEARS of high school and/or community college career: _____

6. Field in which you plan to major:

7. Describe why you are interested in pursuing a college education and include why you chose this field:

Section B – Financial Information:

1. Explain your need for financial assistance. Describe how you would use this scholarship in your financial planning:

2. Total parental income from 2010 Federal tax return:

3. Will you have any brothers or sisters attending college during the next year?
 Yes No If Yes, Explain

4. Will you be receiving or will you be a candidate for any other scholarship to attend college?
 Yes No If Yes, Explain

5. List any part-time jobs previously held:

Statement by Applicant

I personally have prepared this report and certify that it accurately reflects my work. I further certify that I will be a graduating senior in high school during 2011, and I will be an entering freshman at an accredited university or community college in Mississippi or I will be transferring from a community college to an accredited university in Mississippi.

Name of applicant:

Date:

Approval of this Report

I have reviewed this report and believe it to be correct.

Name:

(Parent or Guardian)

Date:

Applications must be mailed to : **Gary Blair, Chairman**
Mississippi Council of Cooperatives
P.O. Box 744
Brookhaven, MS 39602-0744
Phone: (601) 833-1771
Fax: (601) 833-1774