



Sunflower County Chapter Alcorn Alumni Association, Inc.

P. O. Box 242, Indianola, MS 38751

Scholarship Application

Purpose: The Sunflower County Alumni Chapter of Alcorn State University scholarships are awarded to graduating high school seniors living in Sunflower County who intend to continue their education at Alcorn State University. These scholarships are based on demonstrated academic achievement, community service record, and financial need. ***Students should email this application along with their transcript, the included media release form, and a picture to the following email address by April 1st for consideration: sunflowercountyasu@gmail.com.*** These scholarships are broken into four categories:

1. Scholarship - \$500, **1 GHS student & 1 TEHS student OR 2 Sunflower County residents**
 - a. 2.5 GPA or higher
2. Jessie B. Rushing Book Award - \$250
3. Sheila R. Jackson Book Award - \$250
4. Seed Money - \$100
 - a. All entering freshman qualify for this scholarship

In the event that ***either scholarship*** is not awarded, residents of Sunflower County graduating from a community college who intend to continue their education at Alcorn State University will become eligible for these scholarships.

Students receiving the \$500 scholarship will not qualify for book award or seed money scholarship.



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|-----|---|--------------------|
| 1. | Last Name: | First Name: |
| 2. | Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ | |
| 3. | Cellular phone number: _____ | |
| 4. | Current High School: | |
| 5. | GPA: _____ | ACT: _____ |
| 6. | Special Interest: | |
| 7. | Community Involvement: | |
| 8. | Leadership Experience: | |
| 9. | Educational Goal: | |
| 10. | Career Goal: | |



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Permission Form for Publicity/Media Relations

I understand that the Sunflower County Chapter of Alcorn State University's National Alumni Association may wish to publish the name and photograph of scholarship recipients in local newspapers, other media outlets, or on social media.

By signing this form, I give parental permission for the distribution of my child's name and photograph local media outlets or on social media.

(Please print)

Name of student: _____

Program: _____

Parent/Guardian: (print): _____

Parent/Guardian signature: _____

Date: _____

Students over the age of 18 are not required to get parental release and may sign this document themselves.