Northeast Mississippi Alcorn State University Alumni Chapter Scholarship Application

Postmarked by: May 15, 2016

Personal Information				Date: _			
Name							
(First Name)	(Middle N	Name)		(Last Nam	e)		
Date of Birth	Current Age	_	Ethnicity: BM _ BF _	WM WF			
Current Mailing Address	(Street an	d Apartme	nt Number)				
	(3.7.7.7.7.		,				
(City)	(State)	(Zip Code)	(County)		
Telephone Number(H	Iome)	(Work)		(Cellular)			
Current E-mail Address							
Are you a U.S. Citizen?	If not. country of cit	tizenship _					
Family Information							
Fatherøs Name		Address _				.Ph	
Motherøs Name	Address			Ph			
Guardian:		Address				_Ph	
Number of siblings in housel	noldA	ges		/	/	/	/
Academic Information							
High School Attended			Dat	e of Gradu	ation		
GPA	//School Phone						
	School Counselor® Sig					our trans	script
Have you been accepted to at	tend Alcorn State Univer	rsity?	Yes	No			
If yes, send copy of acceptan	ice letter						
Enrollment Date							
ESSAY: In 20	00 words or more pleas	se explain	why you should	receive t	his schol	larship.	
I understand that the information application will be voided.	on that I have given is true	and correc	ct to the best of my	knowledge	and if fo	ound othe	rwise, the
Applicantøs Signatur	re	Date					

Submit application to: Northeast Mississippi Alumni Chapter Alcorn State University
C/O Gloria McKinney
P.O. Box 224
Tupelo, MS 38802