



Petal Education Foundation

The mission of the Petal School District Education Foundation is to enhance the quality of education in the Petal School District by providing private funding to have a positive impact on our public schools.

2016-17 Scholarship Application

(Additional applications at www.petalschools.com/dept/foundation)

Submit an application for any of the following scholarships that apply to you. Note the requirements for each scholarship in the ***Petal Education Foundation Scholarship Booklet***. Please check only **one** per application. If you wish to apply for more than one scholarship, you must submit a separate application for each scholarship. Staple the application and applicable materials together and submit all in one envelope.

- _____ Addison McKinley Memorial Scholarship
- _____ Anderson Brothers Leadership Scholarship
- _____ Beth Havard English/Education Memorial Scholarship
- _____ Bob & Kristi Pierce Senior Class President Scholarship
- _____ Bobby Drake Athletic Scholarship
- _____ C. D. Kolbo Scholarship
- _____ Class of 1956 Scholarship
- _____ Coach Si Thompson "Bootstrap" Scholarship
- _____ Dan Stuart Memorial Softball Scholarship
- _____ Dr. Chuck Harrell Dentistry Scholarship
- _____ Dr. Milton Baxter Band Scholarship
- _____ Dr. Eddie Miley Lewis Legacy Scholarship
- _____ Earl Porter Cross Scholarship
- _____ Eddie Miley Lewis Legacy Scholarship
- _____ Edith Easterling James Education Scholarship
- _____ Elizabeth Dabbs Brock, "Fight the Good Fight"
- _____ "Friends of the Foundation" PSD Employee Dependent Scholarship
- _____ Gail McInnis Choral Scholarship
- _____ Gene High Memorial Scholarship
- _____ H & S Robotics Scholarship
- _____ Ione Ginn Bond Education Scholarship
- _____ Jennifer Trussell Purvis Memorial Choral Scholarship
- _____ Dr. Jerry and Vicki Mixon Scholarship
- _____ Jimmy Havard Community Leadership Scholarship
- _____ Jim Smith Athletic Scholarship
- _____ Kevin Patrick Duckworth Memorial Baseball Scholarship
- _____ King CPS Business/Accountancy Scholarship
- _____ Landry and Lewis Architects/Engineering Scholarship
- _____ Lynn Cartlidge Leadership Scholarship
- _____ Making Strides Scholarship
- _____ Marcus Ware Engineering Scholarship
- _____ Milton Carpenter Scholarship
- _____ Mississippi Scholar's Program Scholarship

- _____ Mississippi Scholars Tech Masters PEF Scholarship
- _____ Peggy James Child Nutrition Employee Dependant Scholarship
- _____ Penny Jones Alexander 'Stay in School' Award
- _____ Petal Arts Council Scholarship

- _____ Petal High School Junior ROTC Scholarship
- _____ Petal Band Presidential Inaugural Scholarship
- _____ Petal Kiwanis Club Scholarship
- _____ Petal Optimist Club Scholarship
- _____ Petal Youth Sports Association Scholarship
- _____ Ray Perkins Athletic Scholarship
- _____ Resinall Science/Engineering Scholarship
- _____ Robert E. Hendrix Scholarship (Must have a mentor)
- _____ Ronnie Harrington Memorial Baseball Scholarship
- _____ SPC William Anthony Blount Memorial Scholarship
- _____ Spirit of Robert Burgess Athletic Scholarship
- _____ Steve Simmons P.R.I.D.E. Scholarship
- _____ Willie Ratliff Memorial Scholarship
- ** Bob & Kristi Pierce Senior Class President Scholarship
- ** Burkett Ross, Sr. Top Scholar Athlete (cannot apply for this sch., based on GPA)
- ** Greater Hattiesburg Home Builders Association Construction I & II Scholarship
 (cannot apply, based on test scores/GPA)

** Scholarship is awarded based on the highest GPA in the subject area or other standardized criteria.

APPLICANT INFORMATION:

Name _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

PARENT/GUARDIAN INFORMATION:

Father _____ Mother _____

No. of Children in family _____ No. living at home _____ In college _____

*If you are applying for the **"Friends of the Foundation" PSD Employee Dependent Scholarship:**

Name of Parent(s) employed by the Petal School District _____

Dates of Employment: From _____ (mo. /yr.) To _____ (mo. /yr.)

Name of PSD School or Department: _____

APPLICANT'S EDUCATIONAL BACKGROUND:

Name of any other High School(s) attended	Address	Dates Attended
_____	_____	_____
_____	_____	_____

Current GPA: _____ Date of High School Graduation: _____

If applying for the **Robert E. Hendrix Scholarship**, list your mentor's name and address.

Name: _____

Address: _____

Reference—

List the Name/Address/Position of reference contact **and** include typewritten letter(s) of reference. **Letters should be specific to the requirements of the scholarship.** (Example of possible references: Teacher, Counselor, Minister, and Other Non-relative). A signature must be on letters of reference.

Name: _____ Address _____ Position _____

Which college/university do you plan to attend? _____

What is your intended major? _____

Return this application, your most recent *official transcript and other required materials, i.e., community service/extra-curricular activities, offices held: (attach additional sheet) or resume to the Foundation office in one envelope as a complete package. Include reference letters and an autobiography, if applicable to the specific scholarship.

***(ONLY ONE TRANSCRIPT IS NECESSARY FOR ALL PETAL EDUCATION FOUNDATION SCHOLARSHIP APPLICATIONS). The PHS Guidance Counselor will send transcripts directly to the Foundation Office before the scholarship application deadline. It is the responsibility of the student to request the transcript and sign for it to be sent to the Foundation prior to the date due.**

If applying for more than one Foundation scholarship, a separate application must be turned in for each. Attach the required supporting materials and staple together. Use only one large envelope for multiple applications. All scholarship materials are due to the Petal Education Foundation office, located in the PSD Central Office, 115 E. Central Avenue, Petal, MS, no later than

Thursday, March 2, 2017, 2:00 p.m. NO EXCEPTIONS!

If mailing the application send to: Petal Education Foundation, Attn: Scholarship Committee, P. O. Box 948, Petal, Mississippi 39465

Applicant's Signature _____ Date _____