

**P. D. MITCHELL MEMORIAL
SCHOLARSHIP AWARD APPLICATION**

GENERAL CRITERIA:

\$250. Award given to senior students who have shown leadership potential and show promise of academic success in their pursuit of higher education in a career field of their choice. Students should have taken action and strides in volunteering, community service, mentoring or other social service. Students must be accepted as a full-time student at a college, university or accredited program of higher education for the upcoming academic semester. Students must have a minimum GPA of 2.5. Students are required to complete a 200 – 250 Word Essay.

STUDENT INFORMATION:

Name _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary telephone: (____) _____

Cell # (____) _____

E-mail: _____

Date of Birth (MM/DD/YYYY): _____/_____/_____

ACADEMIC REQUIREMENTS:

GPA _____

Attach photocopies of GPA Transcripts

What college will you attend

Name: _____

City: _____ State: _____

What degree(s) are you pursuing?

What profession or field do you wish to enter with your college degree?

HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES:

Please list school extra curricular activities in which you have participated. Note leadership roles and dates:

ORGANIZATIONS: Please list school and community organizations, including religious organizations in which you are now active or have been previously active in.

RECOGNITIONS & AWARDS: Please list special awards and recognitions received. (Community Academic, Sports, etc.)

ESSAY:

Complete a 200 - 250 Word Essay that will require you to research P. D. Mitchell, Sr. and write about what you have learned about his life and legacy that will inspire or influence your future success and aspirations.

Attach your essay to this form.

CERTIFICATION STATEMENT:

By signing my name below, I confirm that all the information provided in this application and the accompanying documents are true and correct to the best of my knowledge.

Signed: _____ Date: _____

PARENT / GUARDIAN INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary telephone: (____) _____

Cell # (____) _____

The Deadline for this Application: May 8, 2020

Application to be returned to: Guidance Counselor Office