

ANNOUNCING

THE WALTER “SWEETNESS” PAYTON MEMORIAL SCHOLARSHIP

Applications are now being accepted for the Walter “Sweetness” Payton Memorial Scholarship. **The scholarship amount is \$6,000.00 per year, but may be reduced by the board of directors, if the student receives other scholarships and the amounts exceed the yearly tuition of the school of choice.** This scholarship will be awarded to a graduating senior attending any university or college in the United States. The scholarship is renewable yearly as long as the student maintains a 3.0 GPA.

SELECTION CRITERIA:

- ❖ must be accepted to a 4-year university or college in the United States
(**Acceptance Letter from institution must be submitted with application**)
- ❖ CUMMULATIVE GRADE POINT AVERAGE OF 3.0 OR ABOVE
- ❖ Submit the Walter “SWEETNESS” Payton Memorial Scholarship Application
- ❖ Written essay based on financial need
- ❖ Leadership Qualities:
(Participation in professional organizations, extracurricular activities and community service)

**Mail applications and required documentation to:
Walter Payton Memorial Scholarship Committee
Attn: Ms. Paula Lewis
2656 Hemingway Circle
Jackson, MS 39209**

**THE DEADLINE FOR APPLICATION is April 15, 2018
For additional information, call 601 316 8378**

**WALTER "SWEETNESS" PAYTON
MEMORIAL SCHOLARSHIP APPLICATION**

Carefully read and complete this application. Response must be **TYPED** or clearly printed in **BLUE INK**. Application and supporting documents received after the deadline date will not be processed for committee selection consideration.

Application Deadline: **Postmarked by April 15, 2018**

Name _____	Social Security Number _____				
Last	First	Middle initial			
Address _____		City _____	County _____	State _____	Zip _____

Home Phone: _____ Name of School _____
Cell Phone: _____ School Phone: _____

Area of Planned Concentration (Major) _____ Color Photo Attached: Yes ____ No ____

I am a U.S. Citizen, national, or permanent resident. Yes _____ No _____
I am a legal resident of the State of Mississippi Yes _____ No _____

I certify that the above information is true and correct.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

THIS SECTION MUST BE COMPLETED BY SCHOOL COUNSELOR

My signature certifies that the ACT/SAT scores are correct and that the high school grade point average is based on a minimum of seven semesters ending in December 2013 and has been calculated on a 4.0 scale in accordance with the law using the grading scale adapted by the school district or other government board. An official copy of the applicant's transcript in a school's sealed envelope must be attached. (DO NOT USE WEIGHTED CALCULATIONS).

Applicant's Graduation Date _____

High School _____ Counselor's
Name _____ Counselor's
Signature _____
Date _____

ACT score ____ and/or SAT score ____

(A copy of the student's test results received from the testing agent or a copy of the student's test results as identified on the student's official high school transcript **must** be attached)

Cumulative Grade Point Average _____

THIS SECTION MUST BE COMPLETED BY GED COORDINATOR (if applicable)

General Education Development (GED) Test Score _____
(A copy of the test results must be submitted with the application. The test score must be verified and signed by your GED coordinator/counselor).

GED Coordinator's Name _____

GED Coordinator's Signature _____

Date _____

Name _____

Extracurricular/ Co-curricular Leadership Activities and Honor/Awards (i.e., student government, athletics, choir/band, cheerleader, academic/vocational student organizations, educational/civic organizations, other youth clubs or organization, community service, volunteer services, etc.)

10th Grade

11th Grade

12th Grade

Name _____

APPLICATION CHECKLIST:

Please read carefully.... All documentations must be submitted as requested, any deviations from the original requested information or adding to the application (such as attaching a resume) will VOID your application.

Note: Application must be Typed or completed in BLUE ink.

_____ Personal Data Complete (Page 2)

_____ Color Photo (Page 2)

_____ Grade Point Average (Page 2)

_____ ACT/SAT Verification (Page 2)

_____ GED Verification, if applicable (Page 2)

_____ Signatures where required

_____ Official High School Transcript **Sealed in School Envelope** thru December 2017 (Page 2)

_____ Honors/Awards/Extracurricular Activities (Page 3)

_____ Essay: ONLY USE SPACE PROVIDED (Page 4)

**YOUR COMPLETED APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS
MUST BE POSTMARKED BY:**

April 15, 2018

**Return To:
Walter Payton Memorial Scholarship Committee
ATTN: Ms. Paula Lewis
2656 Hemingway Circle
Jackson, MS 39209**

Date received _____

* Note: This application may be duplicated if additional copies are needed.