

ANNOUNCING

THE WALTER “SWEETNESS” PAYTON MEMORIAL SCHOLARSHIP

Applications are now being accepted for the Walter “Sweetness” Payton Memorial Scholarship. The scholarship amount is \$6,500.00 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 4-year 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 “Sweetness” Memorial Scholarship Committee
Attn: Ms. Paula Lewis
2656 Hemingway Circle
Jackson, MS 39209

THE DEADLINE FOR APPLICATION is March 31, 2017
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 March 31, 2017**

Name _____	Social Security Number _____	
<hr/>		
Last	First	Middle initial
<hr/>		
Address _____	City _____	County _____ State _____ Zip _____
<hr/>		
Home Phone: _____	Name of School _____	
Cell Phone: _____	School Phone: _____	
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Area of Planned Concentration (Major) _____ Color Photo Attached: Yes ____ No ____		
<hr/>		
I am a U.S. Citizen, national, or permanent resident.	Yes _____	No _____
I am a legal resident of the State of Mississippi	Yes _____	No _____
<hr/>		
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 2016 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 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 Envelope thru December 2016** (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:**

March 31, 2017

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.