

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE
FOUNDATION SCHOLARSHIP APPLICATION
FOR ENTERING FRESHMEN FOR THE 2012-2013 ACADEMIC YEAR

NAME: _____
Last First Middle

PERMANENT HOME ADDRESS: _____
Street Address

City State Zip County

MAILING ADDRESS (if different from above): _____

TELEPHONE: _____
Daytime Evening Cell

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ACT Scores: _____
Composite Math English Science Reading

Major Area of Educational Interest: _____

(Please list area even if not fully decided.)

Campus you plan to attend: Senatobia ___ DeSoto ___ Oxford ___ Olive Branch ___

What university, if any, do you plan to attend after Northwest? _____

Please indicate the approximate level of income of the parent(s) with whom you reside:

Less than \$20,000 \$20,000-\$30,000 \$30,000-\$40,000 More than \$50,000

Please answer the following questions by checking the appropriate column:

Yes	No	
___	___	1. Do you live in a single parent household?
___	___	2. Is any member of your immediate family (father, mother, brother, sister, grandfather, grandmother) a veteran or currently serving in the armed forces (includes National Guard and reserves)?
___	___	3. If a family member is a veteran, do you have access to his/her DD-214?
___	___	4. Do you or your parents own or operate a farm?
___	___	5. Is any member of your immediate family a member of the Senatobia Lions Club?
___	___	6. Is any member of your immediate family a Shriner of Mason?
___	___	7. Did either of your parents attend Northwest?
___	___	8. Does your family obtain electricity from the Tallahatchie Valley Electric Power Assn?
___	___	9. Does your family obtain electricity from the Northcentral Electric Power Assn?
___	___	10. Does either of your parents work at Trustmark National Bank?
___	___	11. Does either of your parents work at First Security Bank?
___	___	12. Is any member of your family a member of the Olive Branch Lions Club?
___	___	13. Are you an African American graduate of North Panola High School, Tallahatchie County schools, Or Yalobusha County schools?
___	___	14. Do your parents and/or guardians work at Springs Industries in Sardis?
___	___	15. Have you completed the Licensed Practical Nursing (LPN) program?
___	___	16. Are you or your parents or grandparents members of the DeSoto County Farm Bureau?
___	___	17. Is one or both of your parents deceased?
___	___	18. Do either your parents or grandparents work at R.R. Donnelley?
___	___	19. Are your parents either employees or stock holders of Land Bank of North Miss.?
___	___	20. Are your parents employed in Panola County law enforcement (county, city, or state)?
___	___	21. Do you plan to enroll in the 2+2 Program at the DeSoto Center?

Name of High School: _____ Date of Graduation: _____

High School GPA and Class Rank: _____

Counselor's Signature: _____
(Required for verification of ACT and GPA) Date

Please explain below any circumstances in your family situation that demonstrates a special financial need for assistance with your college expenses:

FATHER'S NAME, ADDRESS,
AND PLACE OF EMPLOYMENT:

MOTHER'S NAME, ADDRESS,
AND PLACE OF EMPLOYMENT:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____
Day Evening

Phone: _____
Day Evening

Employer: _____

Employer: _____

List names and ages of brothers and sisters: _____

Please list below extracurricular activities, community service activities, and high school awards(use separate sheet if more space needed):

Please attach to this application letters of recommendation and endorsement from any **TWO** of the following (**IMPORTANT NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT THESE LETTERS. IF A LETTER IS BEING MAILED, PLEASE ATTACH A NOTE EXPLAINING THAT.:**

1. High School Teacher who has actually taught you in a class
2. High School Sponsor or Coach of an extracurricular activity
3. An adult who is not a member of your family

The application, signed by your high school counselor, and the two letters of recommendation must be in the Foundation office no later than **4:30 p.m. on April 2, 2012** to be considered.

WITH MY SIGNATURE, I ATTEST THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant Date

Please return completed application, with all attachments by April 2, 2012 to NWCC FOUNDATION, P.O. Drawer 7015, 4975 Highway 51 North, Senatobia, MS 38668. Applications must be received in the Foundation Office by 4:30 p.m. on 04/02/2011 to be considered. For additional information, please call 662-560-1105.

Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or status as a veteran or disabled veteran in employment, programs, or provision of services. Compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act is coordinated by Mr. Michael Dottorey, Disability Support Services Coordinator, McLendon Student Center, P.O. Box 5555, Highway 51 North, Senatobia, Mississippi 38668, telephone number 662-562-3309, email address mldottery@northwestms.edu. Compliance with Title II of the Age Discrimination Act and Title IX of the Education Amendments of 1972 is coordinated by Mr. Gary Mosley, Vice President for Fiscal Affairs, James P. McCormick Administration Building, P.O. Box 7017, 4975 Highway 51 North, Senatobia, Mississippi, 38668, telephone number 662-562-3216, email address gtmosley@northwestms.edu