

# Madison High School Alumni Association

## Scholarship Application

Eligibility is limited to current high school seniors, who are (1) descendents (children, grandchildren, great-grandchildren, etc.) of a Madison High School graduate or (2) descendents (children, grandchildren, great-grandchildren, etc.) of a former Madison High student who attended Madison High School for at least two years, but did not transfer to or graduate from another school.

This award will be given on the basis of:

- ACADEMIC EXCELLENCE
- SCHOOL EXTRA-CURRICULAR ACTIVITIES
- COMMUNITY ACTIVITIES
- VOLUNTEER SERVICE
- RECOMMENDATIONS
- INTERVIEW (If selected as a finalist you must participate in an interview conducted by members of the scholarship committee.)

Financial need may be considered.

**DEADLINE FOR APPLICATION TO BE POSTMARKED (CERTIFIED MAIL) IS THE FIRST SATURDAY IN APRIL – NO EXCEPTIONS ALLOWED.**

All scholarships are in the form of certificates of award, conditioned upon the enrollment of the student recipient in an undergraduate course of study in an accredited\* institution of higher education. Upon receipt of notice of enrollment from proper officials, a Madison High School Alumni Association check for the amount of the award will be forwarded to the educational institution to establish a tuition credit for the recipient.

\* An accredited institution of higher education is one which meets the standards set by a recognized regional accrediting agency.

**PLEASE ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:**

- 1) A copy of your high school transcript, containing seven (7) semesters.
- 2) A copy of your ACT/SAT results report (if required by institution you plan to attend)
- 3) A brief summary (250 words or less) of your school and community activities and accomplishments, your educational objectives, career aspirations, and any additional information which you believe qualifies you for this award.
- 4) A letter from at least one official from your school commenting on your character, personality, and scholarship. Home-schooled applicants may have a recommendation letter(s) from someone other than a school teacher (e.g., pastor, councilman/other elected official).

**Further Scholarship Stipulations:**

- (1) All application-supporting documents become property of MHSAA
- (2) Scholarship monies must be used within one year of award date.
- (3) A full scholarship from another source will disqualify recipient from receiving this MHSAA scholarship.
- (4) Applicant's MHS Sponsor (MHS graduate) must be a dues-paying member of the association.

# MHSAA Scholarship Application

(Please print)

Student # \_\_\_\_\_  
Committee Use Only

- Male
- Female

Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Mailing Address of High School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Senior Counselor: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Sponsor: \_\_\_\_\_  
Name Year Graduated/Attended Madison

Relationship to Sponsor: \_\_\_\_\_

The undersigned affirms that the information provided herein this scholarship application is true and accurate:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student # \_\_\_\_\_  
Committee Use Only

Schools Attended (9th through 12th grades):

|    | <u>Name of School</u> | <u>Date of Entrance</u> | <u>Period Attended</u> |
|----|-----------------------|-------------------------|------------------------|
| 1. | _____                 | _____                   | _____                  |
| 2. | _____                 | _____                   | _____                  |
| 3. | _____                 | _____                   | _____                  |

GPA \_\_\_\_\_ ACT/SAT Composite Score \_\_\_\_\_  
4.0 Base (if applicable)

Copies of your grade transcript and ACT/SAT results\* must accompany application.

\*ACT/SAT results are to be included if one or both of these exams are required by the Institution you plan to attend.

Applicant may use an attachment (separate sheet) to include all relevant information requested on a certain topic (e.g., School Activities, including offices held, specific honors/recognitions, etc.) if the allotted space is too small to include everything.

Scholastic Honors and Awards (School related):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities (School related - indicate sport, organization, office(s) held, year(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer and Community Activities (non-school related):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which educational institution do you plan to attend?

\_\_\_\_\_

Planned field of study? \_\_\_\_\_

Student # \_\_\_\_\_  
Committee Use Only

Have you been granted scholarship aid?  YES  NO If yes, please describe.

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Please explain any unusual circumstances that would have a direct bearing on your financial ability to attend college.

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**Please send completed application/questions to:**

**Dr. Jerry D. Armour, Chairperson  
MHSAA Scholarship Program  
Madison High School Alumni Association  
P.O. Box 836  
Madison, TN 37116  
(615) 513-8461 (Cell)  
jdarmour@bellsouth.net**

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