NOTICE OF SCHOLARSHIP AVAILABILITY

Dear Sir or Madam:

This letter is written to your institution to inform you of the scholarship made available by the Laura Calfee Higdon Charitable Foundation. The scholarship is for one academic year and shall be in amounts determined by the Advisory Committee based on the recipients’ financial situation, the relative costs of the colleges, universities, technical or vocational schools involved, and the trust income available for distribution. Scholarships awarded will be paid directly to the educational institution to be credited against the recipient’s expenses.

The Laura Calfee Higdon Charitable Foundation shall award scholarships to high school graduates who are from the geographic areas of Santa Rosa County, Florida and Escambia County, Alabama, and, who are seeking to attend a post-secondary educational institution. This will include universities, colleges, vocational or technical schools. The scholarship is designed to cover tuition, books, fees, housing, food, etc. The scholarship shall be awarded on the basis of the applicant’s financial need, scholastic achievement, and the Advisory Committee’s evaluation of the applicant’s motivations, and character ability. The applicant must have a cumulative grade point average of 2.0 out of a 4.0 scale, either upon graduation from high school or at the end of any academic year of an eligible post-secondary institution. The scholarship shall be awarded on an objective and non-discriminatory basis and the Advisory Committee shall not discriminate against any applicant on the basis of sex, race, religion, or national origin.

The scholarship recipients shall be selected by the Advisory Committee. Their selections will be based on the information requested by the enclosed Laura Calfee Higdon Charitable Foundation Scholarship application form.

Although the Laura Calfee Higdon Charitable Foundation scholarships are for one academic year, the Advisory Committee may renew a scholarship for the succeeding year, if in its discretion; the recipient performed in a satisfactory manner during the previous year and has not completed his course of study at the educational institution. Such a renewal may be made without the submission of a formal application by the recipient; however, a recipient desiring a renewal of the scholarship should inform the Advisory Committee of such desire and provide them with any additional information requested.
Enclosed herewith are several scholarship application forms for the school year 2015-2016. Please make the availability of this scholarship known to any of your students who are eligible and provide them with the requisite application forms. It is brought to your attention that with respect to scholarships for school year 2015-2016, the completed application must be received by the Selection Committee no later than February 15, 2015.

If you have any questions concerning the Laura Calfee Higdon Charitable Foundation scholarships please contact me. Please address any correspondence to:

Laura Calfee Higdon Charitable Foundation
Attention: Christy Black
c/o Trustmark
P.O. Box 469
Brewton, AL 36427-0469

I look forward to receiving your application and supporting documents.

Sincerely,

[Signature]

Christy Black
Assistant Vice President

CAB/fhc
Enclosure
LAURA CALFEE HIGDON CHARITABLE FOUNDATION SCHOLARSHIP

APPLICATION FORM FOR SCHOOL YEAR 2015-2016

SECTION A

STUDENT INFORMATION

NAME ___________________________ DATE OF BIRTH ___________________________

PERMANENT ADDRESS

Address __________ City __________ State __________ Zip __________

COUNTY OF RESIDENCE __________________________________ TELEPHONE __________

E-MAIL _________________________________________________________________

SOCIAL SECURITY NUMBER ______ ______ ______

FATHER living () deceased () MOTHER living () deceased () SPOUSE

Name: ___________________________ ___________________________ ___________________________

Occupation: ___________________________ ___________________________ ___________________________

State of Residence: ___________________________ ___________________________ ___________________________

STUDENTS DEPENDENTS (Names and ages) ____________________________________________________________

HIGH SCHOOL

NAME ___________________________ City __________________________

State ___________________________ Year of Graduation __________________________

College you plan to attend: ___________________________ Accepted? __________________________

ALL UNDERGRADUATE COLLEGES ATTENDED (in chronological order)

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<tr>
<th>Institution</th>
<th>Address</th>
<th>Dates</th>
<th>Major</th>
<th>Degree</th>
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IN WHAT EXTRACURRICULAR, COMMUNITY AND/OR AVOCATIONAL ACTIVITIES HAVE YOU PARTICIPATED WHILE IN SCHOOL OR SUBSEQUENTLY? (Including offices held, awards, etc.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

IF YOU HAVE BEEN EMPLOYED DURING THE REGULAR SCHOOL YEAR SPECIFY TYPE OF WORK AND APPROXIMATE HOURS PER WEEK:

(a) Currently: _____________________________________________________________

(b) Previous to this year: __________________________________________________
ESSAY

We would like you to cite a particular experience, person, or event which has made a significant impact upon your ideas, personal values, future goals and/or educational or professional aspirations. Describe how this factor happened to be so influential on the direction of your thinking. Try to let your statement give us some special insights about you as a person.
HOW HAVE YOU SPENT YOUR SUMMERS?


IF YOUR EDUCATION TO DATE HAS NOT BEEN CONTINUOUS, INDICATE WHAT YOU HAVE DONE WHILE NOT IN SCHOOL.


WERE YOU EVER REQUIRED TO LEAVE ANY SCHOOL OR DENIED READMISSION FOR ANY REASON? Yes ( ) No ( ) If yes, please explain fully.


IF YOU HAVE HAD ANY MILITARY SERVICE COMPLETE THE FOLLOWING:

Branch of Service
Highest Rank
Entry Date
Discharge Date


SECTION B STUDENT ACADEMIC RECORDS (On a 4.0 scale)

ACT Score: _______ SAT Score: _______

Please attach to this application an official transcript from all secondary schools and all undergraduate colleges attended.

Please have two of your former academic instructors provide the Advisory Committee with a letter of recommendation addressing your past academic and extracurricular achievements and your potential. Enclose these letters with the application and transcript and mail to the following address:

ADVISORY COMMITTEE
Laura C. Higdon Charitable Foundation Scholarship
c/o Christy Black
P. O. Box 469
Brewton, AL 36427-0469

SECTION C STUDENT FINANCIAL INFORMATION

Please describe the sources (including other grants, scholarships and loans) and amounts of financial support available to applicant during the upcoming school year, together with the source and amount of other financial aid requested by applicant. Please include information related to financial support from your family and income you expect to have from work.


WHAT IS THE APPROXIMATE COST OF TUITION, FEES AND BOOKS FOR THE COMING YEAR?
**INFORMATION FROM INCOME TAX RETURNS**

(The following financial information is required of all applicants and their parents.)

Year of most recently filed tax returns: ___________________________

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<th>Student &amp; Spouse</th>
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Total number of exemptions claimed on most recently filed U. S. Income Tax Return. (Form 1040, line 6d or 1040A, line 6d) if Form 1040EZ, indicate single or joint

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Adjusted gross income (Form 1040, line 37 or 1040A, line 21 or 1040EZ, line 4)

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Non-taxable income:
(a) Social Security Benefits

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(b) Other (child support, welfare ....)

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Expected gross income on return for year following the recently filed return:

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Expected nontaxable income:
(a) Social Security Benefits

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(b) Other (child support, welfare ....)

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**SECTION D  INSTRUCTIONS FOR FILING APPLICATION**

Answer all questions on the application, sign and date the application and mail the application (with enclosures) to:

Scholarship Advisory Committee
Laura Calfee Higdon Charitable Foundation Scholarship
C/o Christy Black
P. O. Box 469
Brewton, AL 36427

The requisite school transcripts may either be enclosed with the application or sent directly by the school to the Scholarship Advisory Committee at the above address. The deadline for receiving completed applications and all supporting documents with respect to scholarships for school year 2015-2016 is **February 15, 2015**.

**CERTIFICATION**

I certify that the information submitted on the application is complete and correct to the best of my knowledge.

Date _________________  Signature ___________________________