



Junior Auxiliary of New Albany

THE PEGGY SMALLWOOD SCHOLARSHIP

Application

Scholarship Criteria

Each year, in May, the Junior Auxiliary of New Albany presents a \$500.00 scholarship to a graduating senior from one of the five high schools in New Albany and Union County. Recipients are selected based on the following criteria:

1. Applicant must be a 12th grade student meeting all requirements for graduation.
2. Each applicant must complete an application form, which includes general background information, educational information, community service involvement, extracurricular activities, and any additional pertinent information.
3. Applicants must provide his/her grade point average (GPA) and a transcript from his/her school. Preference is given to students attaining a GPA of 3.0 or higher.
4. Two letters of recommendation are required per applicant: one from a teacher, and the other from a non-relative who knows of the applicant's community service involvement.
5. Applications are reviewed on the basis of:
 - a. Community service involvement
 - b. Letters of recommendation
 - c. Grades
 - d. Applicant's narrative statement
6. The Junior Auxiliary of New Albany Scholarship Committee makes the selection of the scholarship winner, and the decision is final. All personal information; including, but not limited to the applicant's name, address, phone number, etc.; is concealed from the committee to prevent prejudice.
7. A letter of intent or proof of registration to attend an institution of higher learning is also required.
8. The monetary portion of this award is presented to the recipient's college of choice, upon enrollment within the calendar year, on his/her behalf; or to a responsible adult parent/guardian who can ensure delivery to said institution of higher learning for educational purposes.
9. Junior Auxiliary of New Albany must receive the complete application packet (including the application form, a transcript with GPA listed, 2 letters of recommendation, and a proof of registration) no later than **April 1st, 2017**.

Mail to:

**Junior Auxiliary of New Albany
Scholarship Committee
PO BOX 1042
New Albany, MS 38652**

SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Name: _____ Date: _____

Mailing Address: _____

Phone: Day (____) _____ Night (____) _____

Age: _____ Birthdate: _____ Sex: Male / Female SS#: _____

High School: _____ High School GPA: _____

PARENT/GUARDIAN INFORMATION

Parent(s): _____

Legal Guardian(s): _____

Mailing Address: _____

Phone: Day (____) _____ Night (____) _____

PERSONAL NARRATIVE

Name of accredited institution you plan to attend: _____

Career and/or education goals: _____

Employer: _____ Employer's phone: (____) _____

Work experience: _____

Honors/Awards: _____

School activities (clubs, sports, student government, etc.): _____

Community service involvement (community, volunteerism, church, clubs, etc. – please be specific): _____
