** Petal Education Foundation**

The mission of the Petal School District Education Foundation is to enhance the quality of education in the Petal School District by providing private funding to have a positive impact on our public schools.

**2019-20 Scholarship Application**

(Listings of PEF Scholarships may be found at [petalschools.com/dept/foundation](http://www.petalschools.com/dept/foundation))

Submit an application for each scholarship you apply for. Note the requirements for each scholarship in the Petal Education Foundation Scholarship Booklet. If you wish to apply for more than one scholarship, you must submit a separate application for each scholarship.

APPLICANT INFORMATION:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Children in family\_\_\_\_\_\_\_\_\_\_\_\_No. living at home\_\_\_\_\_\_\_\_\_\_\_In college\_\_\_\_\_\_\_\_\_\_\_\_

\*If you are applying for the “Friends of the Foundation” PSD Employee Dependent Scholarship:

Name of Parent(s) employed by the Petal School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates of Employment: From \_\_\_\_\_\_\_\_\_\_\_\_\_ (mo. /yr.) To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo. /yr.)

Name of PSD School or Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S EDUCATIONAL BACKGROUND:

Name of any other High School(s) attended Address Dates Attended

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

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

Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of High School Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applying for the Robert E. Hendrix Scholarship, list your mentor’s name and address.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reference—

List the Name/Address/Position of reference contact and include typewritten letter(s) of reference. Letters should be specific to the requirements of the scholarship. (Example of possible references: Teacher, Counselor, Minister, and Other Non-relative). A signature must be on letters of reference.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_

Which college/university do you plan to attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your intended major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this application and other required materials to the Foundation office, in one envelope as a complete package. Include reference letters and an autobiography, if applicable to the specific scholarship.

\*(**ONLY ONE TRANSCRIPT IS NECESSARY FOR ALL PETAL EDUCATION FOUNDATION SCHOLARSHIP APPLICATIONS).** The PHS Guidance Counselor will send transcripts directly to the Foundation Office before the scholarship application deadline**. It is the responsibility of the student to request the transcript and sign for it to be sent to the Foundation prior to the date due.**

If applying for more than one Foundation scholarship, a separate application must be turned in for each scholarship applied for. Attach the required supporting materials and staple together. Use only **one** large envelope for multiple applications. All scholarship materials are due to the Petal Education Foundation office, located in the PSD Central Office, 115 E. Central Avenue, Petal, MS, no later than 4:30 p.m., Thursday, March 5, 2020----- **NO EXCEPTIONS!**

**The person delivering the scholarship applications to Central Office must fill out the delivery check sheet listing the name of the applicant and the scholarships included in the envelope at the receptionist desk. DO NOT LEAVE ENVELOPE ON COUNTER IF RECEPTIONIST IN NOT PRESENT.**

If mailing the application send to: Petal Education Foundation, Attn: Scholarship Committee,

P. O. Box 948, Petal, Mississippi 39465

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_