

**MISSISSIPPI CIVIL DEFENSE/EMERGENCY MANAGEMENT ASSOCIATION
EDUCATIONAL ASSISTANCE SCHOLARSHIP**

MCDEMA has established a scholarship fund for the purpose of assisting the children/grandchildren of Emergency Management personnel (paid staff or volunteer) who are members in good standing with this organization. At the time the candidate submits an application, he/she must be planning to enroll at an accredited college, or may already be enrolled in college. The applicant must also be in good academic standing at the time of application.

REQUIREMENTS FOR MAKING APPLICATION:

1. Complete MCDEMA Educational Scholarship Application form. Form must be signed by applicant, both parents or guardians and Local/County EM Director.
2. Scholastic record from counselor, to include copy of GPA (weighted) and ACT and/or SAT scores, submitted with a copy of transcript from high school/college.
3. Two hundred (200) word essay on interest and desires in your area of study and why you believe you should receive this scholarship.
4. Three (3) letters of recommendation regarding character, ability to do college work, how long they have known applicant, whether this is a personal or professional relationship, and need for financial assistance. All letters must be from non-family members.
5. Mail to MCDEMA Educational Assistance Scholarship Application at: P.O. Box 672 Brookhaven, MS 39602. Application must be postmarked by April 1st of current year.

ELIGIBILITY RULE:

In order to receive this scholarship, the recipient must forward either a college transcript or a statement from registrar of an accredited college they are attending or have attended, which states they have completed one semester or have completed registration for attendance of that semester. A check payable in scholarship recipient's name will be mailed to appropriate college. The winner will be announced and presentation made at Annual EM conference.

DISCLAIMER:

The amount of the scholarship is dependent upon funds available and by evaluation of selection committee. A first time applicant should be given priority over those who have previously received a grant. Any section of application not completed will result in disqualification.

**MISSISSIPPI CIVIL DEFENSE/EMERGENCY MANAGEMENT ASSOCIATION
EDUCATIONAL ASSISTANCE SCHOLARSHIP APPLICATION**

COMPLETION DATE _____

RECEIVED DATE _____
APPLICATION

NUMBER _____

PLEASE PRINT LEGIBLY OR TYPE INFORMATION

PERSONAL INFORMATION

NAME _____

PRESENT ADDRESS _____

PHONE _____ **DATE OF BIRTH** _____

DO YOU HAVE A DISABILITY? NO _____ YES _____ IF YES, PLEASE EXPLAIN _____
NAME AND ADDRESS OF HIGH SCHOOL ATTENDED OR ARE ATTENDING _____

NAME AND ADDRESS OF COLLEGE YOU PLAN TO ATTEND OR ARE ATTENDING _____

WHAT DO YOU PLAN AS YOUR MAJOR FIELD OF STUDY? CAREER YOU ARE SEEKING? _____

FINANCE

PARENT'S OR GUARDIAN'S NAMES _____

EMPLOYER(s): Father: _____ Mother _____

JOB TITLE: Father _____ Mother _____

Number in Household _____ Total Annual Family Income _____

Ages of children in household _____

Do you have brothers or sisters currently attending college? Yes _____ No _____

If yes, what is their expected date(s) of graduation? _____

Are there any extenuating financial obligations? If so, please explain. (Use back of this sheet if needed.)

Have you applied for and/or received any other financial assistance? (Please explain what type and amount on back of this sheet.)

WORK List your work history beginning with the most recent.

EMPLOYER	Mo/Yr. to Mo/Yr.	Hours/Wk.	Pay/Hour	DUTIES

COMMUNITY SERVICE (Please list and explain as necessary. Attach additional sheets as needed.)

SCHOLASTIC RECORD – GPA (WEIGHTED) – ACT and/or SAT scores (You must attach a copy of your scores with transcript from your counselor.)

CURRICULUM

List the classes you are currently taking:

200 WORD ESSAY (Attach to completed application)

EXTRA CURRICULAR ACTIVITIES (use back of sheet if needed)

HONORS AND AWARDS (use back of sheet if needed)

THREE LETTERS OF RECOMMENDATION FROM NON-FAMILY MEMBERS (Please see requirements. Attach to completed application.)

APPLICANT'S SIGNATURE_____

PARENT'S/GUARDIAN'S SIGNATURES_____

LOCAL EMERGENCY MANAGEMENT DIRECTOR_____

COUNTY_____

DID YOU REMEMBER TO ATTACH?

Copies of GPA (weighted), ACT and/or SAT scores and transcript from your counselor.

Two hundred (200) Word Essay on interests and desires in your area of study and why you believe you should receive this scholarship.

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