

University High School Alumni Association Scholarship

Scholarship Information Form-Application Period: May 15-July 1 each year

Mail to: University High School Alumni Association, P.O. Box 846, Oxford, MS 38655

1. NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

2. MAILING ADDRESS: _____
P.O. Box or Street

City State Zip Code

PHONE: _____

The following academic information is necessary to determine the eligibility of students for all University administered scholarships:

HIGH SCHOOL SENIORS

3. Current cumulative GPA: _____ ACT score: _____
Date of graduation: _____

OR

TRANSFER STUDENTS

4. Transferring to the University of Mississippi from: _____
Current cumulative GPA: _____ Number of Hours Completed: _____
Major: _____

5. ACTIVITIES OR HONORS RECEIVED

6. When you enroll at the University of Mississippi for your first semester, will you be receiving any financial aid? _____; If so, please indicate:
Yes or No

Type _____ Amount _____ Awarded _____ Applied For _____

Type _____ Amount _____ Awarded _____ Applied For _____

Type _____ Amount _____ Awarded _____ Applied For _____

7. You may attach other biographical information or resume.

