

MORRIS MIXSON-DON JONES MEMORIAL SCHOLARSHIP

Name _____ Date of Birth _____

Address _____

Parents _____ Phone _____

Years lived in Buna _____ Rank _____ Number in Class _____ GPA _____

(Attach a transcript and a copy of your latest report card)

SCHOLASTIC AWARDS AND HONORS (Honor Roll, National Honor Society, Dept Awards, etc.)

<u>Year</u>	<u>Award or Honor</u>
_____	_____
_____	_____
_____	_____

OTHER ACTIVITIES (Clubs, Sports, Band, Church, Community)

NUMBER OF FAMILY MEMBERS AT HOME _____ NUMBER ATTENDING COLLEGE _____

COLLEGE PREFERENCE _____

INTENDED MAJOR _____ DEGREE DESIRED _____

Family Financial Status: Full Support Partial None

STATE WHY YOU DESIRE THIS SCHOLARSHIP. _____

SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT _____