

THE
Seaman HIGH SCHOOL **Historical Society**

HOWARD T. JACKSON MEMORIAL SCHOLARSHIP

CRITERIA

- 1) The applicant must **include official transcript**.
- 2) The applicant must be graduating from Seaman High School in the current year.
- 3) The applicant must be enrolled in the **field of AGRICULTURE or the field of MEDICINE** at a 4-year accredited United States college or university.
- 4) Application Forms must be returned to Ms. Dawna Edmonds by **NOON** on **Tuesday, April 4, 2017**.
- 5) The Seaman High School Historical Society Board will review the applications and select the recipient.
- 6) The recipient shall receive **\$500.00**.
- 7) A Scholarship Certificate will be awarded at the Seaman High School Awards Night in May. **The check will be mailed to the recipient in July.**

APPLICATION

SECTION 1 - Personal Information

Name _____ Telephone _____

Address _____

City/State/Zip _____

Parents Name _____ Telephone _____

Parents Address _____

City/State/Zip _____

SECTION 2 - Education

College or University to be attended _____

Names of High Schools or Colleges attended.

Schools Name and Address

Date

A. _____ to _____

B. _____ to _____

High School Grade Average (include official transcript)

Non-Weighted _____ Weighted _____

SECTION 3 - Principal's or Counselor's Recommendation

Signed _____ Date _____

(Principal or Counselor)

SECTION 4 - Financial

Number in your family including yourself. _____

Number in your family now attending college. _____

How will you pay for college? Check all that apply.

_____ Parents

_____ Yourself

_____ Loans

_____ Work Study _____ Grants _____ Scholarships

Have you applied and/or received other financial aid (scholarships, basic grants, loans or work study?) _____

If yes, please identify: _____

Other financial considerations that need to be noted: _____

Are you currently employed? _____

If yes, what type of work and how many hours a week? _____

Describe your other work activities (such as helping at home, family business, etc.)

SECTION 5 - Achievements

Extracurricular Activities, Organizations and Clubs
(years of involvement, also please indicate any office held)

Honors and Awards _____

Community and Other Activities _____

SECTION 6 - Goals

Below, please describe in your own words why you want to be a recipient of the **Howard T. Jackson Memorial Scholarship**, what field of **Agriculture** or **Medicine** you plan to study, your proposed occupation or profession and any other abilities you have that were not previously mentioned on this form.

SECTION 7 - Applicant's Statement

If I am chosen as a recipient of this scholarship, I understand that in order to accept this award I must attend a 4-year accredited college or university.

I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room, board, required materials or books.

The information submitted in this application is complete and correct.

Signed _____ Date _____