2023 CHUCK BEASLEY MEMORIAL SCHOLARSHIP ENTRY FORM

Mail to: Chuck Beasley Memorial Sc 50111 Greenwood Springs F		Deadline:	April 10, 2023	
Greenwood Springs, MS 388	348			
Mr./Ms		-		
Address		-		
Parents' Names				
Phone				
College of Choice				
College of Choice Other Scholarships received or appli	ed for:			
Student's Signature			Date	
Principal or Counselor's Signature _ Please attach a copy of your high sc	hool tran		Date	
riease attach a copy of your high sc	HOOI HAII	script.		
ACT composite score S Grade Point Average	AT comb	ined score _		
Family's adjusted gross income from	ı last yea	r's income ta	x return:	
under \$15,000		\$15,0	\$15,000 to 40,000	
40,000 to 75,000		_ over	over \$75,000	
Total number of family members livir	•			
Number of dependents in your parer Children ages No		0,	urseii:	
Children ages No Other financial considerations you w			 mmittee to consider	

Extracurricular activities - Organizations and clubs (Show years of

involvement; also, please indicate any office held):
Honors and awards:
Community & Other Activities
Work Activities: are you now employed?; If yes, what type of work and how many hours per week? Describe your work activities
Describe, in your own words and handwriting and in 75 words or less, why you want to be a recipient of the Chuck Beasley Memorial Scholarship, the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you have that were not previously mentioned in this form.
