Dr. Marshall E. Hollis Family 4-H Scholarship Fund APPLICATION

NAME			SEX
HOME ADDRESS		PHONE NUM	BER
CITY	STATE	ZIP	
HIGH SCHOOL ATTENDED _			
PARENTS' OR GUARDIANS'			
FATHER'S OCCUPATION			
MOTHER'S OCCUPATION _			
NUMBER OF CHILDREN LIV	ING AT HOME		
NUMBER OF CHILDREN IN C	COLLEGE		
IS OUTSIDE FINANCIAL ASS	ISTANCE NECESS	ARY TO BEGIN	AND COMPLETE A
FOUR-YEAR EDUCATION?	YES NO		
IF YES, PLEASE EXPLAIN	WHY		
•			
DO YOU PLAN TO BE A FU FUTURE PLANS/FIELD OF ST		NT?	PLEASE EXPLAIN
GIVE NAMES OF COLLEG	ES TO WHICH YO	OU HAVE APPL	IED
HIGH SCHOOL GRADE PO	INT AVERAGE _	ACT	SCORE
CLASS RANKSAT S *IF AVAILABLE			
415			

Dr. Marshall E. Hollis Family 4-H Scholarship Fund

LIST ALL EXTRA CURRICULAR ACTIVITIES DURING YOUR HIGH SCHOOL CAREER, BOTH IN SCHOOL AND OUTSIDE OF SCHOOL. (Attach a separate sheet if necessary)

Activity	Dates

To be eligible for the scholarship, a student must:

- 1. Based on financial need.
- 2. Be a graduating senior from a high school in Tippah County, Mississippi
- 3. Have a minimum GPA of 2.5.
- 4. Have a minimum ACT score of 18.
- 5. Be an active member of a Tippah County 4-H Club. Show leadership role in local club, county, and state 4-H events.
- 6. Plan to enroll in college as a full-time student.
- 7. Show examples of leadership in community or school programs.

The winner of this scholarship will receive a onetime award paid directly to a college or university.

RETURN APPLICATIONS TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR BY MARCH 8, 2024.