

*Dr. Marshall E. Hollis Family Health Care
Scholarship Fund*
APPLICATION

NAME _____ SEX _____

HOME ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL ATTENDED _____

PARENTS' OR GUARDIANS' NAMES _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

NUMBER OF CHILDREN LIVING AT HOME _____

NUMBER OF CHILDREN IN COLLEGE _____

IS OUTSIDE FINANCIAL ASSISTANCE NECESSARY TO BEGIN AND COMPLETE A
FOUR-YEAR EDUCATION? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN WHY _____

DO YOU PLAN TO BE A FULL-TIME STUDENT? _____ PLEASE EXPLAIN
YOUR FUTURE PLANS, AS THEY RELATE TO YOUR INTEREST IN A HEALTH CARE
FIELD: _____

GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED _____

HIGH SCHOOL GRADE POINT AVERAGE _____ ACT SCORE _____

CLASS RANK _____ SAT SCORE* _____ VERBAL _____ MATH _____

*IF AVAILABLE

Dr. Marshall E. Hollis Family Healthcare 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 |
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To be eligible for the scholarship, a student must:

- 1. Show an interest in a health care field**
- 2. Be a graduating senior from a high school in Tippah County, Mississippi**
- 3. Have a minimum GPA of 3.0.**
- 4. Have a minimum ACT score of 20.**
- 5. Plan to enroll in college as a full-time student.**
- 6. Show examples of leadership in community or school programs.**

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

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