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 LI	VING AT HOME		
NUMBER OF CHILDREN IN	COLLEGE		
IS OUTSIDE FINANCIAL AS	SSISTANCE NECESS	ARY TO BEGIN A	AND COMPLETE A
FOUR-YEAR EDUCATION?	YES NO NO]	
IF YES, PLEASE EXPLAI	N WHY		
DO YOU PLAN TO BE A I	FULL-TIME STUDI	ENT?	PLEASE EXPLAIN
FUTURE PLANS/FIELD OF			
GIVE NAMES OF COLLE	GES TO WHICH YO	OU HAVE APPL	IED
or a ranking of collect			
HIGH SCHOOL GRADE P	OINT AVERAGE _	ACT S	SCORE
CLASS RANKSAT			
*IF AVAILABLE	-		

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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 7, 2025.