

**NATIONAL OAK PARK HIGH SCHOOL ALUMNI ASSOCIATION**

**SCHOLARSHIP APPLICATION**

**PLEASE COMPLETE APPLICATION AND RETURN BY MAIL**  
**MUST BE POSTMARKED ON OR BEFORE APRIL 15, 2024**

NAME: \_\_\_\_\_

FROM YOUR COUNSELOR, PLEASE ATTACH A COPY OF YOUR OFFICIAL TRANSCRIPT WITH YOUR ACT AND/OR SAT SCORES AND GRADE POINT AVERAGE.

Grade Point Average: \_\_\_\_\_ ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

I hereby certify that the information I have submitted is correct. I authorize the release of the information to the National Oak Park High School Alumni Association Scholarship Committee and Officers, and I will provide additional information for verification upon request.

If granted the scholarship, I agree to the publication of my name and likeness by the National Oak Park High School Alumni Association. I understand that this scholarship award is contingent upon meeting all guidelines set forth by the National Oak Park High School Athletic Association, Officers, and Scholarship Committee. The National Oak Park High School Alumni Association is not responsible for any financial liability.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Laurel or Jones County High School Senior)

Relative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Current Member of the N.O.P.H.S.A.A.)

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Laurel or Jones County High School Counselor)

Return application to:

NOPHSAA  
SCHOLARSHIP COMMITTEE  
1620 Julian Street  
Laurel, MS 39440

List additional scholarships that you have received: \_\_\_\_\_

---

---

List your academic honors and awards: \_\_\_\_\_

---

---

List extracurricular activities (include positions held, description of the activities): \_\_\_\_\_

---

---

List community service involvement (include type of work and time of involvement): \_\_\_\_\_

---

---

List your church membership and church involvement: \_\_\_\_\_

---

---

Explain how this scholarship will assist you in achieving your educational/career goals: \_\_\_\_\_

---

---

IF ADDITIONAL SPACE IS NEEDED FOR ANY QUESTION, YOU MAY ATTACH SEPARATE SHEET(S).

**PLEASE DO NOT WRITE BELOW THIS AREA (FOR COMMITTEE ONLY)**

Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Date Awarded \_\_\_\_\_

Reviewed by \_\_\_\_\_

Award Amount \_\_\_\_\_

Reviewed by \_\_\_\_\_

Approved by \_\_\_\_\_

Reviewed by \_\_\_\_\_

**NATIONAL OAK PARK HIGH SCHOOL ALUMNI ASSOCIATION**

**SCHOLARSHIP APPLICATION**

**PLEASE COMPLETE APPLICATION AND RETURN BY MAIL**  
**MUST BE POSTMARKED ON OR BEFORE APRIL 15, 2024**

**TO:**

N.O.P.H.S.A.A.  
SCHOLARSHIP COMMITTEE  
1620 JULIAN STREET  
LAUREL, MS 39440

*(CONTACT PERSON: MARVA POSEY, (601) 422-5259)*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ 2<sup>ND</sup> NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER (*ASSIGEND AT BIRTH*): ( ) MALE ( ) FEMALE

PARENT(S)/GUARDIAN ADDRESS AND PHONE: \_\_\_\_\_

\_\_\_\_\_

JONES COUNTY OR LAUREL HIGH SCHOOL YOU ATEND: \_\_\_\_\_

\_\_\_\_\_

NAME COLLEGE OR ACCREDITED INSITTUTION ATTENDING OR ENROLLED:

\_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_

PLANNED COLLEGE MAJOR: \_\_\_\_\_

ARE YOU OR A RELATIVE A MEMBER OF THE NATIONAL OAK PARK HIGH SCHOOL ALUMNI  
ASSOCIATION? \_\_\_\_\_

IF SO, PLEASE NAME RELATIVE AND RELATIONSHIP: \_\_\_\_\_