

MISSISSIPPI ASSOCIATION OF SUPERVISORS 2019 County Employee Scholarship Application Form

The Mississippi Association of Supervisors County Employee Scholarship Program will award scholarships to Applicants in each Mississippi county meeting the eligibility requirements below. Counties will receive up to two \$500 scholarships based on the county's participation in the **MAS Insurance Trust** (property and casualty insurance) and the **MPE Workers Compensation Trust**.

Instructions

- 1. <u>ALL</u> sections of this application must be completed and submitted with <u>each</u> of the required attachments. *Incomplete applications will be rejected.* Required documents include:
 - ✓ Completed 2019 County Employee Scholarship Application Form.
 - ✓ Letter/transcript on school letterhead clearly stating student's current GPA (on a 4.0 scale).
 - ✓ Letter on county letterhead verifying the employment or retirement of Applicant's Sponsor (non-elected county employee or retired non-elected county employee).
 - ✓ Typed essay (up to 750 words): There are many different roles within county government: supervisor, clerk, sheriffs' deputy, road worker, tax assessor, etc. Choose one county official or employee, and discuss the duties and responsibilities of that person. Be specific and creative. What does that person do in a typical day at work? How do they interact with other county offices? How does their job impact you personally, your family and your community?
- 2. Please type or print legibly in blue or black ink. You may attach additional sheets if space is needed.
- 3. Questions? Contact Stephanie Spangler at <u>sspangler@massup.org</u> or call 601.353.2741.
- 4. **Deadline.** Application packets must be <u>received</u> at the MAS Office no later than <u>March 1, 2019</u>. Late applications will not be considered. Send completed application <u>with all attachments</u> to:

Via U. S. Mail:	Via email to: sspangler@massup.org
MAS Scholarship Program	
793 N. President St.	<i>Via fax</i> to: (601) 353-2749
Jackson, MS 39202	Attention: Scholarship Program

Eligibility Requirements. Applicant must meet all criteria listed below:

- □ Applicant must identify an eligible Sponsor. **"Sponsor"** may be the Applicant or Applicant's immediate family member (parent, stepparent, grandparent, step-grandparent, legal guardian or spouse) who is currently employed by or retired from Mississippi county government. *Dependents of elected county officials are <u>not</u> eligible for this Scholarship Program.*
- □ Be a legal resident of the State of Mississippi.
- □ Have a minimum GPA of 2.5 (on a 4.0 scale) and demonstrate community/civic involvement.
- □ Applicant must be enrolled (or plan to enroll) in an accredited public Mississippi college, junior or community college, or university for the Fall 2019 semester.
- □ If awarded a scholarship, Applicant must sign a Statement of Intent to attend an accredited public Mississippi college, junior or community college, or university for the Fall 2019 semester. Failure to sign the Statement of Intent before August 1, 2019 will result in forfeiture of scholarship. A sample Statement of Intent is available on the MAS website at www.mssupervisors.org.



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Section 1: General Information

Full Name:			_Age:	Sex:	
Mailing Address:			_County:		
City:	_State:	_Zip:	Phone:		
Email address:					
Have you previously applied for the MA	S County Employ	yee Scholarship	? 🗆 Yes 🗆 No V	Vhen?	
Were you previously awarded an MAS	County Employee	e Scholarship?	🗆 Yes 🗆 No 🛛 Wh	en?	
Section 2: Sponsor's Information					
Please list Applicant or Applicant's in grandparent, guardian or spouse) wigovernment. NOTE: Sponsor cannot be	ho is currently	employed by			
Sponsor:			_ County:		
Title/Department:		_Relationship t	o Student:		
Status? \Box Currently Employed \Box Ret	ired Retirement	Date:			
You must provide letter from the Count	y verifying emplo	oyment/retirem	ent of Sponsor.		
<u>Section</u>	on 3: Acaden	nic Informat	tion		
School you plan to/will attend in Augus	t 2019:				
Current GPA: You must pr	ovide letter or tro	anscript on scho	ool letterhead veri	fying GPA.	
Section 4	: Community	/Civic Invol	vement		
Please list all school clubs, sports, hono employment experience (attach a sepa	-	•	ictivities, voluntee	er projects, and/or	
Section	5: Affirmatio	ons and Sigr	nature		

Initial each statement; sign and date below.

_____ The information contained in this application is accurate and complete to the best of my knowledge.

_____ The attached essay is my own, original work.

_____ I hereby affirm that I am not a dependent of an elected county official.

If I am awarded a scholarship, I understand I must execute a Statement of Intent expressing my intention to enroll at and attend an accredited public Mississippi college, junior/community college, or university by August 1, 2019 or forfeit this scholarship.

Signature of Applicant

Date

Son't forget to include your GPA letter/transcript from school, letter from County and typed essay!