

MISSISSIPPI ASSOCIATION OF SUPERVISORS COUNTY EMPLOYEE SCHOLARSHIP PROGRAM



STATEMENT OF INTENT

Applicant Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Email: _____

County Awarding Scholarship: _____

* * * * *

As stated in the Eligibility Requirements for the MAS County Employee Scholarship Program, recipients must be enrolled (or plan to enroll) in an accredited public Mississippi college, junior or community college, or university for the Fall 2019 semester. A signed Statement of Intent must be submitted to the county board of supervisors awarding the Scholarship no later than August 1, 2019 or Applicant will forfeit the Scholarship. Scholarship funds will not be released to the Applicant until a signed Statement of Intent has been submitted.

I, _____

(Applicant Name), have been awarded a 2019 MAS County Employee Scholarship ("Scholarship") from _____ (county name).

Pursuant to the eligibility requirements of the Scholarship, I declare my intention to enroll at and attend the accredited, Mississippi public college, junior or community college, or university listed below. I understand that, should my plans change and I not attend an eligible school as required by the Scholarship, I may forfeit the Scholarship.

Name of School: _____

Currently Enrolled Accepted, not Enrolled Applied, not Accepted Will Apply

Signature of Applicant

Date