

## MISSISSIPPI ASSOCIATION OF SUPERVISORS 2023 COUNTY EMPLOYEE SCHOLARSHIP APPLICATION FORM

The Mississippi Association of Supervisors (MAS) 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 MS Association of Supervisors (MAS).

#### 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 2023 County Employee Scholarship Application Form.
  - ✓ Letter or transcript on school letterhead clearly stating student's cumulative GPA. Transcript does not have to be official (sealed) but **must** state the GPA.
  - ✓ 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, personal 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 sspangler@massup.org or call 601.353.2741.
- 4. **Deadline.** Application packets must be <u>received</u> at the MAS Office no later than <u>February 1, 2023</u>. <u>Late applications will not be considered</u>. 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.

793 N. President St. **Via fax** to: (601) 353-2749

Jackson, MS 39202 Attention: Scholarship Program

#### **Eligibility Requirements.** Applicant must meet <u>all</u> criteria listed below:

| Applicant must identify an eligible Sponsor. "Sponsor" may be the Applicant, Applicant's spouse or family member (parent, stepparent, grandparent, step-grandparent, legal guardian, aunt, uncle, etc.) who is currently employed by or retired from Mississippi county government. <i>Elected county officials</i> (current or retired) are <u>not</u> eligible Sponsors. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 attend an accredited Mississippi college, junior or community college, or university (public or private) or technical/trade school (an "Eligible School") for the Fall 2023 semester.                                                                                                                                                                       |
| If awarded a scholarship, Applicant must sign a Statement of Intent to attend an Eligible School.                                                                                                                                                                                                                                                                          |

Failure to sign the Statement of Intent before August 1, 2023 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**

| Applicant's Full Name:                                                                                        |                                                    | Age:                                    | Sex:                         |                        |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|------------------------------|------------------------|
| Mailing Address:                                                                                              |                                                    | County:                                 |                              |                        |
| City:                                                                                                         | State:                                             | Zip:                                    | Phone:                       |                        |
| Email address:                                                                                                |                                                    |                                         |                              |                        |
| Have you previously applied for the                                                                           | ne MAS County Emp                                  | loyee Scholars                          | ship? 🗆 Yes 🗆 N              | o When?                |
| Were you previously awarded an                                                                                | MAS County Employ                                  | yee Scholarshi <sub>l</sub>             | p? ☐ Yes ☐ No                | When?                  |
|                                                                                                               | Section 2: Spor                                    | ısor's Infor                            | mation                       |                        |
| Eligible Sponsors include: Application step-grandparent, guardian, aunt government. <i>NOTE: Sponsor cann</i> | , uncle, etc.) who is                              | currently emp                           | ••                           |                        |
| Sponsor:                                                                                                      |                                                    |                                         | County:                      |                        |
| Title/Department:                                                                                             |                                                    | Relationsh                              | ip to Student:               |                        |
| Status?   Currently Employed                                                                                  | ☐ Retired Retireme                                 | ent Date:                               |                              |                        |
| Must provide letter from the Cour                                                                             | nty verifying employ                               | ment/retireme                           | ent of Sponsor.              |                        |
|                                                                                                               | Section 3: Acad                                    | lemic Infor                             | mation                       |                        |
| GPA (current school):                                                                                         | Must provide                                       | proof of GPA                            | on school letterhe           | ead.                   |
| School you plan to attend in Fall 2                                                                           | .023:                                              |                                         |                              |                        |
| ☐ Currently Enrolled ☐ Accep                                                                                  | ted, not Enrolled                                  | $\square$ Applied                       | , not Accepted               | ☐ Will Apply           |
| Sect                                                                                                          | tion 4: Commur                                     | nity/Civic I                            | <u>nvolvement</u>            |                        |
| Please list all school clubs, sports, employment experience (attach a                                         |                                                    |                                         | ty activities, volu          | nteer projects, and/or |
|                                                                                                               |                                                    |                                         |                              |                        |
| Se                                                                                                            | ction 5: Affirm                                    | ations and                              | <u>Signature</u>             |                        |
| Initial each statement; sign and d                                                                            | ate below.                                         |                                         |                              |                        |
| The information containedThe attached essay is my o I hereby affirm that I am no                              | wn, original work.                                 |                                         |                              | f my knowledge.        |
| If I am awarded a scholarsi attend an Eligible School by Deadline to apply is Februa                          | nip, I understand I mus<br>I August 1, 2023 or fol | st execute a Stat<br>rfeit this scholar | tement of Intent ex<br>ship. | <b>.</b>               |
| Signature of Applicant                                                                                        | , _,                                               | a section after                         | Date                         |                        |