

MISSISSIPPI ASSOCIATION OF SUPERVISORS 2024 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 2024 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 <u>must</u> state the GPA. Transcripts without GPA clearly stated will not be accepted.
 - ✓ 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 Savanna McCafferty at smccafferty@massup.org or call 601.353.2741.
- 4. **Deadline.** Application packets must be <u>received</u> at the MAS Office no later than <u>4:00 p.m. February 1, 2024</u>. **Late or incomplete submissions without confirmation will not be considered.** Send completed application with all attachments to:

Via U. S. Mail: Via email to: smccafferty@massup.org
MAS Scholarship Program

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 2024 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, 2024 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:				Sex:	
Mailing Address:			County:		
City:	State:	Zip:	Cell:		
Email address:					
Have you previously applied for	the MAS County Emp	loyee Schola	rship? 🗆 Yes 🗆 No	When?	
Were you previously awarded a	n MAS County Employ	yee Scholarsl	nip? □ Yes □ No V	Vhen?	
	Section 2: Spor	<u>ısor's Info</u>	ormation_		
Eligible Sponsors include: Appl step-grandparent, guardian, au government. <i>NOTE: Sponsor</i> <u>cal</u>	nt, uncle, etc.) who is	currently en	•		
Sponsor:			County:		
Title/Department: Relationship to Student:					
Status? \Box Currently Employed	☐ Retired Retireme	ent Date:			
Must provide letter from the Co	unty verifying employ	ment/retiren	nent of Sponsor.		
	Section 3: Acad	demic Info	ormation_		
Cumulative GPA (current schoo	l): Mus	t provide pro	oof of GPA on school	letterhead/transcript.	
School you plan to attend in Fal	l 2024:				
☐ Currently Enrolled ☐ Acc	epted, not Enrolled	☐ Applie	ed, not Accepted	☐ Will Apply	
<u>Se</u>	ction 4: Commun	nity/Civic	<u>Involvement</u>		
Please list all school clubs, sport employment experience (attack			nity activities, volun	teer projects, and/or	
<u> </u>	Section 5: Affirm	ations and	d Signature		
Initial each statement; sign and	date below.				
The information containe The attached essay is my I hereby affirm that I am If I am awarded a schola attend an Eligible School Deadline to apply is Febru	own, original work. not a dependent of an e rship, I understand I mus by August 1, 2024 or fol	elected county st execute a St rfeit this schol	official. atement of Intent expi arship.	ressing my intention to	
Signature of Applicant			Date		

