ANNOUNCING

THE WALTER “SWEETNESS” PAYTON MEMORIAL SCHOLARSHIP

Applications are now being accepted for the Walter “Sweetness” Payton Memorial Scholarship. The scholarship amount is $6,000.00 per year, but may be reduced by the board of directors, if the student receives other scholarships and the amounts exceed the yearly tuition of the school of choice. This scholarship will be awarded to a graduating senior attending any university or college in the United States. The scholarship is renewable yearly as long as the student maintains a 3.0 GPA.

SELECTION CRITERIA:

- must be accepted to a 4-year university or college in the United States
  (Acceptance Letter from institution must be submitted with application)

- CUMMULATIVE GRADE POINT AVERAGE OF 3.0 OR ABOVE

- Submit the Walter “SWEETNESS” Payton Memorial Scholarship Application

- Written essay based on financial need

- Leadership Qualities:
  (Participation in professional organizations, extracurricular activities and community service)

Mail applications and required documentation to:
Walter Payton Memorial Scholarship Committee
Attn: Ms. Paula Lewis
2656 Hemingway Circle
Jackson, MS 39209

THE DEADLINE FOR APPLICATION is April 15, 2018
For additional information, call 601 316 8378
WALTER “SWEETNESS” PAYTON MEMORIAL SCHOLARSHIP APPLICATION

Carefully read and complete this application. Response must be TYPED or clearly printed in BLUE INK. Application and supporting documents received after the deadline date will not be processed for committee selection consideration.

Application Deadline: Postmarked by April 15, 2018

Name Social Security Number

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Address

City County State Zip

Home Phone: ___________________ Name of School _____________________________

Cell Phone: _________________ School Phone: _____________________________

Area of Planned Concentration (Major) _____________________________ Color Photo Attached: Yes ___ No ___

I am a U.S. Citizen, national, or permanent resident. Yes ___ No ___

I am a legal resident of the State of Mississippi Yes ___ No ___

I certify that the above information is true and correct.

Applicant’s Signature ___________________________ Date ____________

Parent/Guardian’s Signature ___________________________ Date ____________

THIS SECTION MUST BE COMPLETED BY SCHOOL COUNSELOR

My signature certifies that the ACT/SAT scores are correct and that the high school grade point average is based on a minimum of seven semesters ending in December 2013 and has been calculated on a 4.0 scale in accordance with the law using the grading scale adapted by the school district or other government board. An official copy of the applicant’s transcript in a school’s sealed envelope must be attached. (DO NOT USE WEIGHTED CALCULATIONS).

Applicant’s Graduation Date ___________________________

High School ___________________________ Counselor’s ___________________________

Name ___________________________ Counselor’s ___________________________

Signature ___________________________

Date ____________

ACT score ___ and/or SAT score ___

(A copy of the student’s test results received from the testing agent or a copy of the student’s test results as identified on the student’s official high school transcript must be attached)

Cumulative Grade Point Average ______

THIS SECTION MUST BE COMPLETED BY GED COORDINATOR (if applicable)

General Education Development (GED) Test Score

(A copy of the test results must be submitted with the application. The test score must be verified and signed by your GED coordinator/counselor).

GED Coordinator’s Name ___________________________

GED Coordinator’s Signature ___________________________

Date ___________________________
Extracurricular/ Co-curricular Leadership Activities and Honor/Awards (i.e., student government, athletics, choir/ band, cheerleader, academic/vocational student organizations, educational/civic organizations, other youth clubs or organization, community service, volunteer services, etc.)

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PLEASE WRITE AN ESSAY IN THE SPACE PROVIDED BELOW (TYPE OR PRINT) ENTITLED:

"Why I Need the Walter Payton Memorial Scholarship"

By (Name): __________________________
APPLICATION CHECKLIST:
Please read carefully…. All documentations must be submitted as requested, any deviations from the original requested information or adding to the application (such as attaching a resume) will VOID your application.

Note: Application must be Typed or completed in BLUE ink.

_____ Personal Data Complete (Page 2)
_____ Color Photo (Page 2)
_____ Grade Point Average (Page 2)
_____ ACT/SAT Verification (Page 2)
_____ GED Verification, if applicable (Page 2)
_____ Signatures where required
_____ Official High School Transcript **Sealed in School Envelope** thru December 2017 (Page 2)
_____ Honors/Awards/Extracurricular Activities (Page 3)
_____ Essay: ONLY USE SPACE PROVIDED (Page 4)

YOUR COMPLETED APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS MUST BE POSTMARKED BY:

April 15, 2018

Return To:
Walter Payton Memorial Scholarship Committee
ATTN: Ms. Paula Lewis
2656 Hemingway Circle
Jackson, MS 39209

Date received ______________________

* Note: This application may be duplicated if additional copies are needed.