



# 2019 SCHOLARSHIP APPLICATION

*Administered by OGHS Foundation*

## **PURPOSE**

Morrow, Morrow, Ryan, Bassett & Haik would like to offer financial assistance to individuals of St. Landry and Evangeline Parishes seeking educational opportunities in any field of study. The purpose of this scholarship is to encourage deserving applicants to pursue a degree and to encourage these individuals to seek employment within St. Landry and Evangeline Parishes upon graduation in their field of study.

## **CRITERIA**

Scholarships will be awarded based on academic background, maturity of the applicant, financial need, community involvement, the availability of resources and funding, and your chosen career field. **All applicants must be permanent residents of St. Landry or Evangeline Parish and must have a current cumulative GPA of 2.5.**

## **AWARD**

Six (6) scholarships will be awarded for \$2,500 for the year or \$1,250 per semester. These six scholarships will be awarded as a one-time award for the 2019-2020 school year. Scholarship amounts and guidelines will be set by the MMRBH Scholarship Committee and may be adjusted on an annual basis. Scholarship funds will be paid directly to the educational institution. Applicants must be attending an educational institution/college in the state of Louisiana. Applicants may apply during any portion of their educational career (i.e., undergraduate, graduate, professional school, etc.) Applicants can also be current TOPS recipients.

## **PROCESS**

Application forms must be submitted with a photo of applicant (at least a 4 x 6), two letters of recommendation, original high school transcript/GED and all original post-secondary transcripts (college) if applicable. All documents, including application, should be **submitted to the Foundation Office** by mail postmarked no later than **April 5, 2019**. Applications may be mailed to the following address: **OGHS Foundation, Post Office Box 1389, Opelousas, LA 70571**. All applications will be considered without regard to race, sex, national origin, age, physical or mental impairment or veteran status. Applications will be reviewed by the MMRBH Scholarship Committee and the top candidates will be called for interviews with the committee. The final decision will be made and approved by the OGHS Foundation Board of Directors and is not subject to appeal. Scholarships will be awarded in May.

If you have additional questions, please feel free to call the Foundation Office at 337-678-4266.

**INSTRUCTIONS:** Please fill out the **ENTIRE** application. Do **NOT** leave anything blank. Any application with sections that are left blank will be considered **INCOMPLETE** and will not be reviewed.

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Nick Name/Name You Go By \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Most recent ACT Score (if applicable) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Are you a current resident of St. Landry Parish? (Please check box)** \_ Yes No

**Are you a current resident of Evangeline Parish? (Please check box)** Yes No

**Are you, your parent(s) or grandparent(s) a veteran? (Please check box)** \_ Yes No

If so, who is a veteran and what branch of the military was he/she in? \_\_\_\_\_

## EDUCATIONAL HISTORY

Along with this application, you **must submit an original official transcript** for each secondary and post-secondary academic institution attended. If you have a GED, include the original transcript with signature.

	Name of School	City	State	Highest Grade Completed	Degree Received	Dates Attended
High School						
College						
College						
Graduate						
Other						

What is your GPA at the most recently attended educational institution?: \_\_\_\_\_

**PROGRAM ENROLLMENT INFORMATION**

*This entire section must be*

***completed.*** This section is to be completed and signed by a representative of the program you will be or are currently attending. This may be filled out by your academic advisor, the department head of your program, or any admissions office personnel. This section is to confirm your admittance in said program.

Name of Program Enrolled In \_\_\_\_\_

Institution's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone # of Contact Person \_\_\_\_\_ Academic Year Applied For \_\_\_\_\_

Program Start Date \_\_\_\_\_ Current Year in Program \_\_\_\_\_ Projected Graduation Date \_\_\_\_\_

Estimated Tuition per Year \_\_\_\_\_ Estimated Tuition per Semester \_\_\_\_\_

Signature of School Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed School Representative Name and Title \_\_\_\_\_

**SCHOOL COST ESTIMATION**

*This ENTIRE section must be completed.*

Please estimate as best you can for each category.

ESTIMATED INCOME/ASSISTANCE RECEIVING

ESTIMATED EXPENDITURES

Current Savings \_\_\_\_\_

Yearly Tuition \_\_\_\_\_

Expected Employment Earnings \_\_\_\_\_

Yearly Fees \_\_\_\_\_

Income from Other Sources  
*(i.e., gifts, otherscholarships, student loans, etc.)* \_\_\_\_\_

Expected Expense for Books \_\_\_\_\_

Parental Contributions \_\_\_\_\_

Living Expenses expected to pay out of income \_\_\_\_\_

**Total Estimated Income** \_\_\_\_\_

**Total Estimated Expenses** \_\_\_\_\_

**Are you currently receiving or are you eligible to receive a federal grant?** (check one) \_\_\_ Yes \_\_\_ No

If so, how much? \_\_\_\_\_ Which grant? \_\_\_\_\_

**Do you currently receive a TOPS Scholarship?** (check one) \_\_\_ Yes \_\_\_ No

**Do you expect to be eligible for a TOPS Scholarship?** (check one) \_\_\_ Yes \_\_\_ No

If not, why not? \_\_\_\_\_

**Do you currently receive any other scholarships?** (check one) \_\_\_ Yes \_\_\_ No

If so, please list name of scholarship and dollar amount.  
If additional space is needed, please attach a separate sheet.

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**EMPLOYMENT HISTORY**

*If additional space is needed, please attach a separate sheet with information.*

If you have never been employed, please indicate that below.

Most Recent Job First

Company Name #1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ Type of Work \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company Name #2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ Type of Work \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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**COMMUNITY INVOLVEMENT/VOLUNTEER HISTORY/EXTRACURRICULAR ACTIVITIES**

*If additional space is needed, please attach a separate sheet with information.*

If you do not have any community or volunteer history, please indicate that below.

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Average Hours Involved \_\_\_\_\_

Dates Volunteered \_\_\_\_\_ to \_\_\_\_\_ Type of Involvement \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Average Hours Involved \_\_\_\_\_

Dates Volunteered \_\_\_\_\_ to \_\_\_\_\_ Type of Involvement \_\_\_\_\_

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## PROFESSIONAL LICENSES/CERTIFICATES

**Do you currently have a professional license or certification?** (check one)     Yes     No If

so, list type of license/certification \_\_\_\_\_

If you do have a current professional license/certificate, has your license ever been suspended or revoked?     Yes     No

What certification, licensure, or degree will you be eligible for upon completion of the program? \_\_\_\_\_

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## ADDITIONAL QUESTIONS

***This entire section must be completed.***

What made you choose the career that you are currently pursuing?

What do you see as the greatest challenges for you in your future career?

Please state any other information that you believe would be helpful to the MMRBH Scholarship Committee and the Foundation Board Members.

How did you hear about the Morrow, Morrow, Ryan, Bassett & Haik Scholarship Fund?

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## APPLICANT'S CHECKLIST

All documents must be submitted in order to be considered for a scholarship.

- Completed application including all signatures is enclosed. ***Incomplete applications will not be accepted.***
- 4 x 6 Photo of Applicant
- Original high school transcript or GED
- Original post-secondary transcripts (i.e., colleges, universities, technical schools)
- Copies of any current professional licenses/certifications (if applicable)
- Two letters of recommendation in sealed envelopes

I certify that the answers given on this application are true and understand that false answers will disqualify me from consideration from the Morrow, Morrow, Ryan, Bassett & Haik Scholarship. I authorize investigation of all statements in this application. I understand that submission of an application does not mean I will automatically receive a scholarship and that a committee and the OGHS Foundation Board of Directors will make the final decisions.

Printed Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_