MISSISSIPPI LEGAL PROFESSIONALS ASSOCIATION
CHERYL CRAYDEN, PLS, MEMORIAL SCHOLARSHIP AWARD

SCHOLARSHIP APPLICATION

PROCEDURE FOR SUBMITTING APPLICATION: Applicant must be sponsored by a local chapter of Mississippi Legal Professionals Association.

Amount of Scholarship to be awarded: $_____

NOTE: THIS FORM AND ALL ATTACHMENTS MUST BE SUBMITTED IN
        TRIPLICATE. Copies may be machine reproduced.

1.	Sponsoring Chapter Name:

2.	Local Chapter Scholarship Chair, Name, Address, and Phone Number:

3.	Local Chapter President, Name, Address, and Phone Number:

4.	State reason IN FULL why your applicant desires to receive scholarship aid in furthering his/her legal education: (Restricted to space provided. Do not attach riders.)

5.   Grade Point Average of Applicant: (Must be 3.0 or above) _____

6.   Attach one-page letter of recommendation (prepared by non-relative), addressed to Mississippi Legal Professionals Association, setting forth the following: (letter must be signed and writer's capacity stated.)

   a. Applicant's activity and leadership record in school and/or community;
   b. Description of applicant's personal traits, character, personality, drive;
   c. Why applicant wants the scholarship award.

7.   A transcript of the applicant's grades.

8.   A statement (PREPARED AND TYPED BY THE APPLICANT) showing schools attended, employment, school activities (honors, clubs, etc.), career goals, and need for financial aid. Such statement should not exceed one page, 8 ½" x 11" and should not be signed. Use of one-inch margins and a 12 point font is preferred.

9.   Assemble attachments to this application as follows:

   a. Transcript of grades.
   b.   Letter of recommendation from non-relative.
   c. Autobiographical statement of applicant.

State Scholarship Chair will clip here and remove lower portion

(Please print or type)

Identifying No. (to be assigned by State Scholarship Chair)	
Name of applicant	Phone:
Address _____ City _____ Zip _____	
School _____ Administrator's Name_____	
Address _____ City _____ Zip _____	
Expected date of graduation	
Signature of Applicant	Date:

FORM S-1