

## **APPENDIX G**

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

#### **SCHOLARSHIP APPLICATION**

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

Amount of Scholarship to be awarded: \$ \_\_\_\_\_

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

1.	Sponsoring Chapter Name:
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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 1/2" 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.

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*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