## FRANCES PERRY SCHOLARSHIP APPLICATION UNITED WOMEN IN FAITH OF MISSISSIPPI

Name in Full:	
Mailing Address at School:	Permanent Address:
Date of Application:	Date of Birth:
Phone Number(s):	Email address:
Home Church:	
College Presently Attending:	
Classification: Junior Senior Grad	luate Student
Cumulative Grade Point Average:	<del></del>
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List Other Available Sources of Financial Assist	cance Along With the Amount Expected to Receive:
Other Information Needed:	

- 1. Three recommendations sent to the Committee Chairperson. (One of these should be from a professor with whom the applicant has had classes in their chosen field of study and one should be from the pastor of the church where the student is a member.)
- 2. A transcript from all colleges/universities attended.
- 3. A statement of health from a qualified doctor and evidence of suitability for the work required.
- 4. A statement of purpose—what you plan to do when finished with your schooling. Also any additional information that might be helpful in awarding you the scholarship.

Send Completed Application, etc. to Committee Chairperson by **JUNE 10**:

Mrs. Ruby Lovett 101 W. Piazza Street Crystal Springs, MS 39059

ruby\_lovett@aol.com 662-897-0581