



ALUMNI ASSOCIATION

Scholarship Application

STUDENT'S NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

HIGH SCHOOL & GRADUATION YEAR: _____

CLASSIFICATION IN COLLEGE FOR UPCOMING YEAR: _____

Please check which scholarship you are applying for:

_____ *Legacy Scholarship*

_____ *Culinary Arts Advisory Board Scholarship*

_____ *Southern Grace Scholarship*

IF YOU ARE APPLYING FOR THE LEGACY SCHOLARSHIP PLEASE INDICATE YOUR ALUMNA/US CONNECTION (*Please check all that apply*)

Mother/Father Sibling Aunt/Uncle Grandparent Great Grandparent/Aunt/Uncle Cousin In-Law

NAME (S) & CLASS YEAR:

TO APPLY, SEND COMPLETED PACKET TO:

MUWAA Scholarship Chair

1100 College Street

MUW 10

Columbus, MS 39701
