Mississippi Association of Housing and Redevelopment Officials

Application Packet
For
The Michael A. Robertson Memorial Scholarship
(PHA Employee Dependent)

2017
MISSISSIPPI ASSOCIATION OF HOUSING
AND REDEVELOPMENT OFFICIALS
MICHAEL A. ROBERTSON MEMORIAL SCHOLARSHIP

Introduction

The Mississippi Association of Housing and Redevelopment Officials (MAHRO) will award a scholarship to the dependent of an employee of a public or assisted housing authority at a MAHRO member agency. The award is $1,500 for one (1) year.

Eligibility

a. High School graduate for the school year ending in May or June 2017.

b. Must be an immediate family member of an employee of a PHA, who is an active member of MAHRO. The employee must have been employed by the housing authority for at least two (2) consecutive years.

Application and Supplementary Materials

a. Complete and sign the attached application form. Turn in your application, along with other required documents, to the Executive Director of the Housing Authority in which you reside.

b. An original and official copy of your high school transcript and any college credit transcript. Students must have at least a “B” average on his/her school’s applicable scale during his/her high school career, cumulatively, to be considered for the scholarship. (See attached Grade Point Average Verification Form).

c. An applicant must have a minimum ACT score of 19, and the certified score submitted with the application.

d. Two (2) letters of reference supporting the character, achievements, and potential for educational and career advancement. One of the letters must be from a school official (principal, counselor, teacher, etc.) The other letter must be a personal, non-family recommendation (i.e. employer, minister, etc.)

e. A sponsorship letter from the Executive Director of the Housing Authority managing the development in which the applicant resides. The agency must be an active member of MAHRO at the time of the application. Your sponsorship requires a commitment on the part of the Housing Authority to support the applicant’s travel expenses (one day) for an interview, if requested, and travel expenses to attend the Annual Conference for receipt of the award should the applicant be selected as a scholarship winner. MAHRO provides the recipient and two (2) guests with tickets for the MAHRO breakfast on August 18, 2017.

f. Essay of no more than 500 words describing the characteristics of a good citizen.
**Award Distribution Information**

a. The Scholarship Award will be administered by MAHRO Scholarship Committee to the winner.

b. The Scholarship funds must be used in one academic year, or longer if approved by the scholarship committee of MAHRO and the recipient remains a student in good standing.

c. Grantees’ failure to continue the required course of study will cause the unused portion of the award to revert to the MAHRO Scholarship Fund.

d. Checks will be issued directly to the college or university upon receipt of a bill from the institution. The school will deposit the money into the student’s account to be used only to pay for tuition, books, and activities directly related to the student’s education.

*All items must be submitted with the application, or the scholarship selection committee WILL NOT consider the application.*

The original and four (4) copies of the completed application must be sent to:

MAHRO
Kaye Judson
P.O. Box 158
West Point, MS 39773
ATTN: Scholarship Committee

Applications must be received no later than 4:00 pm. on May 10, 2017. Incomplete applications will not be considered.
MICHAEL A. ROBERTSON SCHOLARSHIP AWARD APPLICATION

Submit to: Your Public Housing Authority for forwarding to Scholarship Committee
Must be typewritten

Applicant Name: ________________________________________________________________

Current Address: __________________________________________________________________

Phone Number: ___________________ E-mail address: ________________________________

Sponsoring Public Housing Authority: ____________________________________________

Executive Director: _____________________________________________________________

Parent’s years of employment with the PHA: ________________________

High School Graduation Date: ________________________

Name of High School: ___________________________________________________________

Address of School: __________________________________________________________________

List of Colleges or Universities to which you have applied or plan to apply:

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<th>Name of School</th>
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List of scholarship assistance applied for or received:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
On a separate page, describe your objective in continuing your education beyond high school. Also describe any extra-curricular school or community activities and achievements that provide evidence of personal motivation and initiative, i.e. high school or civic club activities, church activities, volunteer groups, or family assistance.

It is understood that the award of the scholarship shall be governed by any and all conditions established by the Committee.

I certify that all information is true and correct to the best of my knowledge. I further certify the application is complete and contains all items as requested.

__________________________________
Applicant’s Signature

__________________________________
Signature of Parent/Guardian

__________________________________
Executive Director Signature
Grade Point Average Verification
(This must be completed by school counselor)

Counselor Name _______________________________________________________________

Phone Number _______________________________________________________________

Type of Grading Scale used by school (ex. 4 pt., 6pt., 100 pt., etc.) _____________________

* Please convert GPA to 4.0 scale or 100 point system when completing the section below:

  9th Grade ____________
  10th Grade ____________
  11th Grade ____________
  12th Grade ____________

  Cumulative GPA ______

* The student’s official and original transcript must also be submitted with the application.

_______________________________________                     ____________________________
Signature of Counselor                        Date