



# *Mississippi Sickle Cell Foundation*

350 W. Woodrow Wilson Ave; Ste. 731-B

Jackson, MS 39213

Phone #: 601) 366-5874

Email address: [mssicklecellfnd@yahoo.com](mailto:mssicklecellfnd@yahoo.com)

Website: [www.mssicklecellfoundation.org](http://www.mssicklecellfoundation.org)

## **IYER-SMITH SCHOLARSHIP 2017-2018 AWARD APPLICATION**

### **General Information**

Scholarships will be awarded to eligible students entering an accredited two or four year college or university or a technical institution/college.

The deadline for returning an application packet is **June 30, 2017**.

- Scholarships will be presented on **August 25, 2017** during our *annual gala*. Recipients are encouraged to be present to receive scholarship awards.
- Awardees must present proof of enrollment before actual monies are presented.
- Please see your high school counselor for class ranking, cumulative GPA and ACT/SAT scores.

### **Eligibility**

- Must be a graduating high school senior in Mississippi, having a minimum grade point average of 2.5 and an 15 on the ACT or a 1500 on the SAT. The applicant must have sickle cell disease (Hemoglobin SS, Hemoglobin SC, or Sickle Beta Thalassemia). The applicant must also have been active in community service.
- Applicants must be accepted to an accredited two or four-year college/university or a technical institution/college.
- **Required Documents:** a completed typewritten application; one (1) page typewritten essay on the reason(s) for selecting prospective college/university and major; three (3) letters of recommendations - two (2) from school administrators (i.e., teacher, counselor, coach or principal) and (1) from a leader in the sickle cell community (i.e., counselor, doctor, nurse, etc...); and a copy of the current transcript.

# IYER-SMITH SCHOLARSHIP APPLICATION

Please complete all line items and return a copy of this application along with the required supporting documentation listed at the bottom of this page to *Mississippi Sickle Cell Foundation, Attention: Scholarship Committee, 350 W. Woodrow Wilson Ave, Ste. 731-B, Jackson, MS 39213* or email to [mssicklecellfund@yahoo.com](mailto:mssicklecellfund@yahoo.com).

## **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
                    Last                                First                                    MI

Home Address: \_\_\_\_\_

\_\_\_\_\_  
                    City                                State                                Zip Code

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

## **EDUCATIONAL INFORMATION:**

High School Attended: \_\_\_\_\_

High School Rank: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_

Prospective College/Major: \_\_\_\_\_

## **SPECIAL ACHIEVEMENTS/HONORS/AWARDS RECEIVED:**

--

## **EXTRACURRICULAR ACTIVITIES/COMMUNITY INVOLVEMENT/EMPLOYMENT:**

--

*This package must contain the complete application, an official transcript from your high school, three letters of recommendations from school administrators and a leader in the sickle cell community, and a one-page typewritten essay regarding reason(s) for selecting your prospective college/university as your college choice and major.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date