

**THE DR. AARON SHIRLEY
COMMUNITY REINVESTMENT SCHOLARSHIP
APPLICATION**

Please complete and return this application to the Jackson Medical Mall Foundation, P.O. Box 11508, Jackson, MS 39283. Applications should reach our office no later than 4 p.m. Wednesday, October 15, 2008.

1) Name _____ 2) SSN: _____ / _____ / _____

3) Address _____ Apt. # _____

City _____ State _____

4) Date of Birth _____ 5) Phone No. _____

6) High School _____

7) Cumulative GPA _____ 8) Expected Graduation Date _____

9) Hobbies _____

10) Clubs/Organizations _____

11) Honors/Awards _____

12) Three Words That Describe You _____

13) High School Counselor _____

14) Anticipated Health Related Field of Study _____

15) You plan to attend Jackson State University / Tougaloo College (circle one)

***(You must attend Jackson State University or Tougaloo College to be eligible for scholarship)**

Student's signature

Date

Return application with one-page essay on what receiving the Dr. Aaron Shirley Scholarship means to you.

***Note: All applications must include an official copy of your high school transcript and two letters of recommendation from teachers, church members, or guidance counselor. (One letter must be from a current teacher.)**