

**O.C.T.S./HENDERSON HIGH SCHOOL  
SCHOLARSHIP FUND APPLICATION**

**O.C.T.S./HENDERSON HIGH SCHOOL  
SCHOLARSHIP FUND INCORPORATED**

Post Office Box 80066

Starkville, MS 39760

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

Email: [info@octshhs.org](mailto:info@octshhs.org)

O.C.T.S./H.H.S.  
Undergraduate Scholarship Application  
Due April 25<sup>th</sup>

# O.C.T.S./HENDERSON HIGH SCHOOL SCHOLARSHIP FUND APPLICATION

## Procedures for Submission of Scholarship Application

1. An official application form should be secured from the school counselor or via the website at [www.octshhs.org](http://www.octshhs.org).
2. The **Application Form** must be typed in **Times New Roman** with a **Font Size of 12 points** and **1.5 line spacing**
3. Send the completed application to:

O.C.T.S./Henderson School Scholarship Fund Incorporated  
Attention: Scholarship Committee c/o Robert Bishop  
P. O. Box 80066  
Starkville, MS 39760
4. Two (2) typed **Letters of Recommendation** must accompany the application.
5. **Short Essay:** Answer the three (3) questions below. The essay must be typed in **Times New Roman** with a **Font Size of 12 points** and **1.5 line spacing**. *Each question must not exceed one hundred fifty (150) words.*
  - a. What are your educational and professional goals?
  - b. How will this scholarship award help you achieve your goals?
  - c. If awarded this scholarship, how would you maximize this opportunity to represent the organization as a recipient and give back to your community?
6. To be eligible for this scholarship award, an applicant must have a minimum cumulative grade point average of 2.50 (on a 4.0 scale) or above based upon current grade point average of applicant's senior year in high school. **Grade point average must be validated by the high school counselor or principal and notarized with school official stamp.**
7. Recipient will be awarded an amount not to exceed \$1, 000 (Half the amount will be awarded each semester while enrolled in college).
8. The applicant/awardee must present proof of actual college enrollment to the O.C.T.S./Henderson Scholarship Committee before the actual cash award will be presented.
9. All information (*including the applicant's transcript*) must be received by the scholarship committee by April 25 of the year in which the applicant is applying for assistance.

# O.C.T.S./HENDERSON HIGH SCHOOL SCHOLARSHIP FUND APPLICATION

## Mail the Completed Application Package to:

O.C.T.S./Henderson School Scholarship Fund Incorporated  
Attention: Scholarship Committee c/o Robert Bishop  
P. O. Box 80066  
Starkville, MS 39760

## APPLICATION CHECKLIST

- ✓ Typed Application Form
- ✓ 2 Typed Letters of Recommendation
- ✓ Typed Short Essay Questions
- ✓ School Official Transcript
- ✓ All documents that are required to be typed must be in **Times New Roman** with a **Font Size of 12 points** and **1.5 line spacing**.

For more information about the scholarship application or procedures, feel free to contact Robert Bishop, Scholarship Liaison at (662) 617-5049 or via email at [info@octshhs.org](mailto:info@octshhs.org).

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No. \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

ADDRESS OF SCHOOL \_\_\_\_\_  
\_\_\_\_\_

COUNSELOR'S NAME \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_ OTHER \_\_\_\_\_

SCHOOL PRINCIPAL \_\_\_\_\_

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND \_\_\_\_\_

**NOTE TO APPLICANT: Failure to complete all the application in full or providing inaccurate/false information to the scholarship committee may invalidate this application.**

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**ESSAY QUESTIONS**

*Must be typed and not exceed 150 words for each question.*

A. What are your educational and professional goals?

B. How will this scholarship award help you achieve your goals?

C. If awarded this scholarship, how would you maximize this opportunity to represent the organization as a recipient and give back to your community?

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**THIS FORM IS TO BE COMPLETED BY THE APPLICANT'S SCHOOL COUNSELOR OR PRINCIPAL.**

STUDENT'S NAME \_\_\_\_\_  
Last First Middle Initial

College Entrance Examination Score (ACT or SAT)

ACT Composite Score \_\_\_\_\_

SAT Composite Score \_\_\_\_\_

Student's cumulative high school grade point average (GPA) \_\_\_\_\_

\_\_\_\_\_  
Print Name of Individual that Completed this Form Phone

\_\_\_\_\_  
Counselor or Principal's Signature Date

*School Stamp Below to Certify as an Official Document*