



Application for Parish Residents Opportunity Scholarship

Student Name: _____ ID Number: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

I am a resident of _____ Parish, Louisiana.

I am a graduate of _____ in the year of _____.

I understand that this scholarship is available to qualified residents of the five bordering Louisiana parishes to the Southwest Mississippi Community College district including: West Feliciana, East Feliciana, St. Helena, Tangipahoa, and Washington.

I understand that the award amount is \$500 per semester for a maximum of four Fall/Spring semesters.

I understand and meet all of the following eligibility requirements.

- Must be a current resident of one of the five bordering parishes or a Louisiana resident who is a graduate from a high school within the five bordering parish area.
- Must have a high school diploma or the equivalent.
- Must have a minimum ACT score of 15.
- Must have a minimum grade point average of 2.5.
- Must be no more than two years removed from high school.

By signing this application, I certify that all information provided by myself or any other person on this form is true to the best of my knowledge. I understand that no assistance will be awarded until the student has completed a FAFSA application and has submitted all required documentation to the Office of Financial Aid.

Student Signature

Date