

**Instructions: Calvin Greely, Jr. Memorial Scholarship Application - 2010**

*Please type clearly the following information. Turn in completed application to scholarship committee.*

- 1. If this form is incomplete, inaccurate, or not signed, it will not be considered.*
- 2. All students who receive a scholarship will be required to provide a permanent mailing address for future communications.*

**Checks will be mailed directly from the scholarship fund office and made payable to the institution of your choice.** *Mail complete application to:*

*Scholarship Fund  
46373 Old Houston Highway  
Hempstead, Texas 77445-8252*

**Eligibility Criteria**

- Undergraduate student or high school student transitioning to college*
- Minimum GPA average 3.0*
- Attending a post secondary, accredited institution or planning to attend college*
- Planning to attend school for entire year, starting with Fall Semester*

**Application Package Content**

- Scholarship Application*
- The Scholarship Application may be requested by E-mail or at [www.sjhaynes.pvamu.edu](http://www.sjhaynes.pvamu.edu). All applications MUST be typed.*

**Official Academic Transcript**

*Applicants must request an OFFICIAL academic transcript from their most recent school or college. Sealed transcript must be included with application submission.*

**Personal Information:**

Applicant Name: \_\_\_\_\_

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

City: State: Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_



**LEADERSHIP INFORMATION**

List all extra-curricular activities in which you have participated, and leadership positions held, since your sophomore year in high school:

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List all honors and awards received since your sophomore year in high school:

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List all recent community-oriented activities:

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**FACULTY RECOMMENDATION**

We request that you identify below a member of your high school faculty who is familiar with you and your work. Please request that they separately supply a brief (200 words or less) statement summarizing why they feel you are deserving of the Memorial Scholarship. Our preference is that they give the statement to you in a sealed envelope that you are to attach to this application.

**Faculty Name:** \_\_\_\_\_

**Phone and E-mail:** \_\_\_\_\_

**CERTIFICATION**

I certify that to the best of my knowledge, the above information is correct as of this date and that I will notify the scholarship committee if any of the above information becomes inaccurate before this scholarship award is paid. I understand that the accuracy of the above information may be verified by the scholarship selection committee.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

Internal Use Only: Award Amount \$\_\_\_\_\_ Reviewed By:\_\_\_\_\_

Deficiencies: \_\_\_Application \_\_\_GPA \_\_\_Essay \_\_\_Transcript\_\_\_Other