Application for Parish Residents Opportunity Scholarship

Student Name: _____ID Number:_____

My highest ACT Score is _____. I am a resident of _____

Parish and 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 who have obtained a high school diploma or the equivalent within the past two years.

I am applying for the:

_____ **PRO Scholarship**: Minimum ACT Score of 15 and 2.5 GPA. Award amount up to $500 per semester for a maximum of four Fall/Spring semesters.

_____ **PRO Honors Scholarship**: Minimum ACT Score of 20 and 2.5 GPA. Award amount up to $1000 per semester for a maximum of four Fall/Spring semesters.

_____ **PRO Merit Scholarship**: Resume required and 3.0 GPA. Award amount up to the published cost of in-state and out-of-state tuition for a maximum of four Fall/Spring semesters.

I understand that financial assistance from the PRO Scholarship will not be eligible to be refunded to students in the form of cash and will be subject to reduction when the applicant is covered by other forms of financial aid.

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