



2022 SCHOLARSHIP APPLICATION

Administered by OGHS Foundation

PURPOSE

Morrow, Morrow, Ryan, Bassett & Haik would like to offer financial assistance to individuals of St. Landry and Evangeline Parishes seeking educational opportunities in any field of study. The purpose of this scholarship is to encourage deserving applicants to pursue a degree and to encourage these individuals to seek employment within St. Landry and Evangeline Parishes upon graduation in their field of study.

CRITERIA

Scholarships will be awarded based on academic background, maturity of the applicant, financial need, community involvement, the availability of resources and funding, and your chosen career field. **All applicants must be permanent residents of St. Landry or Evangeline Parish and must have a current cumulative GPA of 2.5.**

AWARD

Approximately fifteen (15) scholarships will be awarded for \$2,500 for the year or \$1,250 per semester. These scholarships will be awarded as a one-time award for the 2022-2023 school year. Scholarship amounts and guidelines will be set by the MMRBH Scholarship Committee and may be adjusted on an annual basis. Scholarship funds will be paid directly to the educational institution. Applicants must be attending an educational institution/college in the state of Louisiana. Applicants may apply during any portion of their educational career (i.e., undergraduate, graduate, professional school, etc.) Applicants can also be current TOPS recipients.

PROCESS

Application forms must be submitted with a photo of applicant (at least a 4 x 6), two letters of recommendation, original high school transcript/GED and all original post-secondary transcripts (college) if applicable. All documents, including application, should be **submitted to the Foundation Office** by mail postmarked no later than **March 18, 2022**. Applications may be mailed to the following address: **OGHS Foundation, 629 E. Prudhomme St., Opelousas, LA 70570**. All applications will be considered without regard to race, sex, national origin, age, physical or mental impairment or veteran status. Applications will be reviewed by the MMRBH Scholarship Committee and the top candidates will be called for interviews with the committee. The final decision will be made and approved by the OGHS Foundation Board of Directors and is not subject to appeal. Scholarships will be awarded in May.

If you have additional questions, please feel free to call the Foundation Office at 337-678-4266.

INSTRUCTIONS: Please fill out the **ENTIRE** application. Do **NOT** leave anything blank. Any application with sections that are left blank will be considered **INCOMPLETE** and will not be reviewed.

APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____

Nick Name/Name You Go By _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parish _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

Date of Birth _____ Social Security # _____

Most recent ACT Score (if applicable) _____

Mother's Name _____ Occupation _____ Employer _____

Father's Name _____ Occupation _____ Employer _____

Are you a current resident of St. Landry Parish? (Please check box) _ Yes No

Are you a current resident of Evangeline Parish? (Please check box) Yes No

Are you, your parent(s) or grandparent(s) a veteran? (Please check box) _ Yes No

If so, who is a veteran and what branch of the military was he/she in? _____

EDUCATIONAL HISTORY

Along with this application, you **must submit an original official transcript** for each secondary and post-secondary academic institution attended. If you have a GED, include the original transcript with signature.

	Name of School	City	State	Highest Grade Completed	Degree Received	Dates Attended
High School						
College						
College						
Graduate						
Other						

What is your GPA at the most recently attended educational institution?: _____

PROGRAM ENROLLMENT INFORMATION

This entire section must be

completed. This section is to be completed and signed by a representative of the program you will be or are currently attending. This may be filled out by your academic advisor, the department head of your program, or any admissions office personnel. This section is to confirm your admittance in said program.

Name of Program Enrolled In _____

Institution's Name _____

Address _____

City _____ State _____ Zip Code _____

Name of Contact Person _____ Title _____

Phone # of Contact Person _____ Academic Year Applied For _____

Program Start Date _____ Current Year in Program _____ Projected Graduation Date _____

Estimated Tuition per Year _____ Estimated Tuition per Semester _____

Signature of School Representative _____ Date _____

Printed School Representative Name and Title _____

SCHOOL COST ESTIMATION

This ENTIRE section must be completed.

Please estimate as best you can for each category.

ESTIMATED INCOME/ASSISTANCE RECEIVING

Current Savings _____

Expected Employment Earnings _____

Income from Other Sources
(i.e., gifts, otherscholarships, student loans, etc.) _____

Parental Contributions _____

Total Estimated Income _____

ESTIMATED EXPENDITURES

Yearly Tuition _____

Yearly Fees _____

Expected Expense for Books _____

Living Expenses expected to pay out of income _____

Total Estimated Expenses _____

Are you currently receiving or are you eligible to receive a federal grant? (check one) Yes No

If so, how much? _____ Which grant? _____

Do you currently receive a TOPS Scholarship? (check one) Yes No

Do you expect to be eligible for a TOPS Scholarship? (check one) Yes No

If not, why not? _____

Do you currently receive any other scholarships? (check one) Yes No

If so, please list name of scholarship and dollar amount.
If additional space is needed, please attach a separate sheet. _____

EMPLOYMENT HISTORY

If additional space is needed, please attach a separate sheet with information.

If you have never been employed, please indicate that below.

Most Recent Job First

Company Name #1 _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Type of Business _____ Type of Work _____

Dates Employed _____ to _____ Reason for Leaving _____

Company Name #2 _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Type of Business _____ Type of Work _____

Dates Employed _____ to _____ Reason for Leaving _____

COMMUNITY INVOLVEMENT/VOLUNTEER HISTORY/EXTRACURRICULAR ACTIVITIES

If additional space is needed, please attach a separate sheet with information.

If you do not have any community or volunteer history, please indicate that below.

Organization Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Contact Person _____ Average Hours Involved _____

Dates Volunteered _____ to _____ Type of Involvement _____

Organization Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Contact Person _____ Average Hours Involved _____

Dates Volunteered _____ to _____ Type of Involvement _____

PROFESSIONAL LICENSES/CERTIFICATES

Do you currently have a professional license or certification? (check one) Yes No

If so, list type of license/certification _____

If you do have a current professional license/certificate, has your license ever been suspended or revoked? Yes No

What certification, licensure, or degree will you be eligible for upon completion of the program? _____

ADDITIONAL QUESTIONS

This entire section must be completed.

What made you choose the career that you are currently pursuing?

What do you see as the greatest challenges for you in your future career?

Please state any other information that you believe would be helpful to the MMRBH Scholarship Committee and the Foundation Board Members.

How did you hear about the Morrow, Morrow, Ryan, Bassett & Haik Scholarship Fund?

APPLICANT'S CHECKLIST

All documents must be submitted in order to be considered for a scholarship.

- Completed application including all signatures is enclosed. ***Incomplete applications will not be accepted.***
- 4 x 6 Photo of Applicant
- Original high school transcript or GED
- Original post-secondary transcripts (i.e., colleges, universities, technical schools)
- Copies of any current professional licenses/certifications (if applicable)
- Two letters of recommendation in sealed envelopes

I certify that the answers given on this application are true and understand that false answers will disqualify me from consideration from the Morrow, Morrow, Ryan, Bassett & Haik Scholarship. I authorize investigation of all statements in this application. I understand that submission of an application does not mean I will automatically receive a scholarship and that a committee and the OGHS Foundation Board of Directors will make the final decisions.

Printed Name of Applicant _____ Date _____

Signature of Applicant _____