



Undergraduate Studies and Cyber Learning • Post Office Box 18240 • Jackson, MS 39217
Phone: 601-979-3339 • Fax: 601-203-6191

Community College Academic Scholarship Application
Fall application postmarked by: **April 15th** • Spring application postmarked by: **December 15th**

PLEASE TYPE

This Academic Scholarship Application is for undergraduate students who are community college graduates entering Jackson State University for the first time from a Community/Junior College. **Currently enrolled Jackson State students or students who are transferring from a 4-year college or university do not qualify.** Applicants may only be awarded one scholarship from this application.

Check the appropriate scholarship below:

Phi Theta Kappa Scholarship
Requirements: Community/Junior College graduate; cumulative GPA of 3.50 or higher with a minimum of 60 transferrable credit hour; must have an AA degree from an accredited community college; and must provide verification of active membership in Phi Theta Kappa. Covers: Full Tuition, room and board (campus only), non-resident fee and other fees, and \$500 per semester for books. Scholarship may be renewed for 1 year if an institutional GPA of 3.50 is maintained and at least 30 credit hours are earned each academic year.

Community/Junior College Tuition Scholarship
Requirements: Community/Junior College graduate; cumulative GPA of 3.0 or higher with a minimum of 60 transferrable credit hours; must have an AA degree from an accredited community college. Covers: Full Tuition only. Scholarship may be renewed for 1 year if an institutional GPA of 3.0 is maintained and at least 30 credit hours are earned each academic year. **This scholarship does not cover non-resident fee or other fees.**

NOTE: Student must (1) be admitted to Jackson State University prior to the deadline, and (2) meet scholarship requirements by the deadline. Increases in original scholarship offers may not be considered after the deadline. Application may be mailed to Undergraduate Studies and Cyber Learning, P.O. Box 18240, Jackson, Mississippi 39217 or emailed to jennifer.e.scott@jsums.edu.

Enrollment Term: Fall Spring Year: _____

Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____
(MM/DD/YYYY)

Name of Community/Junior College(s): _____

Will you receive your AA degree? Yes No Date of Graduation: _____
(MM/DD/YYYY)

Community/Junior College GPA: _____ Active Member of Phi Theta Kappa? Yes No
If Yes, please attach verification

I hereby affirm that all information furnished on this application is accurate. I understand that withholding information requested or giving false information will make me ineligible for a scholarship, and that awards are made based on eligibility and availability of funds. Scholarship requirements are subject to change without prior notice.

Applicant's Signature: _____ Date: _____