**HIGH SCHOOL ACADEMIC SCHOLARSHIP PROGRAM**  
Division of Admissions and Recruitment, Jackson State University  
Post Office Box 17330, Jackson, Mississippi 39217

**Presidential Academic Scholarship**  
**Requirements:** Incoming Freshman, College Preparatory Curriculum GPA of 3.50; ACT score of 28 or above or the SAT equivalent. The scholarship covers Full Tuition, Room, Board, Fees and Books (Campus Only, 15 credit hours required each semester); must maintain a cumulative 3.50 GPA required for 3-year renewal.  
**Deadline:** Postmarked by February 15th

**Full Academic Scholarship**  
**Requirements:** Incoming Freshman, College Preparatory Curriculum GPA of “B”; ACT score of 25-27, or SAT equivalent. The scholarship covers Full Tuition, Room and Board (Campus Charges Only); must maintain a cumulative GPA of 3.25 for 3-year scholarship renewal; 15 semester hours required each semester.  
**Deadline:** Postmarked by February 15th.

**Tuition Academic Scholarship**  
**Requirements:** Incoming Freshman, high school grade point average of “B”, ACT score of 23-24, or SAT equivalent. The scholarship covers tuition only; 15 semester hours required each semester; 3.25 GPA required for 3-year scholarship renewal.  
**Deadline:** Postmarked by February 15th.

**Leadership Award Scholarship**  
**Requirements:** College Preparatory GPA of “B”, ACT score of 21-22, or SAT equivalent, participated in leadership role in high school and community, two letters of recommendation from school/community leaders. The scholarship covers $1,000 per academic year. Must maintain 15 hours per semester, renewed for 3 years if 3.00 cumulative GPA is maintained.  
**Deadline:** Postmarked by February 15th.

**NOTE:** (1) Scholarship Requirements are subject to change without prior notice. (2) GPA requirements are based on a 4.00 scale.

**PLEASE USE THE SCHOLARSHIP APPLICATION PROVIDED FOR THESE SCHOLARSHIPS.**

**CONTACT PERSON:**  
Ayanna Smith  
Scholarship Coordinator  
Post Office Box 17330  
Jackson, Mississippi 39217  
PHONE: 601-979-0930  
FAX: 601-979-3445  
E-mail: ayanna.o.smith@jsums.edu

Revised October 6, 2015
# HIGH SCHOOL ACADEMIC SCHOLARSHIP APPLICATION

Division of Undergraduate Admissions and Recruitment, Jackson State University

Post Office Box 17330 Jackson, Mississippi 39217

Student must submit a copy of the following items: (1) Application for admissions; (2) A copy of the high school transcript; (3) ACT or SAT test scores; and (4) a completed scholarship application. Upon receipt of all four required documents, you will be notified of your scholarship award status. Application for admissions, transcripts, and test scores must be mailed to the Division of Undergraduate Admissions and Recruitment, Jackson State University, P. O. Box 17330, Jackson, Mississippi 39217. Please Print or Type Information.

**NAME:**

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**SOCIAL SECURITY NUMBER:** _______ / _______ / _______  **PHONE NUMBER:** __________________

(Required)  
(Including Area Code)

**HOME ADDRESS:**

(Post Office Box # or Street Number and Name, Apartment #)

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<th>City</th>
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**CURRENTLY ENROLLED IN HIGH SCHOOL?** _______ (Yes) _______ (No)

**EXPECTED DATE OF GRADUATION:** _______ / _______ / _______  **DATE GRADUATED:** _______ / _______ / _______

Month  Day  Year  Month  Day  Year

**NAME OF SCHOOL COUNSELOR:** __________________________

**NAME OF HIGH SCHOOL:** __________________________  **HOME NUMBER:** __________________

(Including Area Code)

**NOTE:** This Academic Scholarship Application is for undergraduate students who are entering Jackson State University for the first time from high school. Currently enrolled students are not eligible. Applicants can only be awarded one (1) scholarship from this application.

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.

**APPLICANT'S SIGNATURE:** __________________________  **DATE:** __________________

*This Section Must be completed by the High School Counselor and returned to the address above.*

**COUNSELOR'S NAME:** __________________________

**HIGH SCHOOL NAME:** __________________________

**CLASS RANK:** _______  (Check if applicable): _______ Valedictorian  _______ Salutatorian

**CUMULATIVE GRADE POINT AVERAGE:** _______  **HIGHEST COMPOSITE ACT or SAT SCORE:** _______

**COUNSELOR'S SIGNATURE:** __________________________  **DATE:** __________________

Revised October 6, 2015