

## **Aura Neely-Gary Memorial Scholarship**

The Aura Neely-Gary Memorial Scholarship Fund was established in 2007 in memory of Mrs. Gary by her family. Mrs. Gary's strong commitment to education and self-improvement was the impetus for her family's desire to establish this scholarship in her honor.

Mrs. Gary, a Jackson resident and member of Anderson United Methodist Church, was always active in her community. She was a graduate of Jackson State University where she was employed as a counselor in the office of the Dean of Students. She loved working with and training young people.

The family wanted to honor her memory by providing a college scholarship to those whose secondary school education may have been interrupted for various reasons or those who require assistance to continue their education. The fund awards one or more scholarships annually in the amount of \$2,000 depending on the number of deserving applicants.

### **Eligibility**

The Aura Neely-Gary Memorial Scholarship provides an annual scholarship based on both merit and need to a male or female student planning to enter a college or university in Mississippi.

Preference will be given to students who desire to resume their education following a period of personal difficulties. Special consideration will be given for young women who have previously dropped out of school and are now enrolled at a post-secondary institution.

The applicant must demonstrate his or her potential contribution to society based on application materials presented. Demonstrated financial need must be provided via the student's university or college financial aid office.

**How to Apply:** If a student meets the above stated eligibility criteria, he/she must submit the following:

- Complete the Community Foundation of Greater Jackson application form
- Provide a personal statement of interest and need; state how you plan to make a difference in your community.
- Provide a letter of recommendation from an official at your school or a leader in your community.
- Financial aid information verified via the University or College Financial Aid Officer.

### **Selection Criteria:**

The selection committee for the Aura Neely Gary Memorial Scholarship will select finalists who meet the application deadline and stated selection criteria.



Community Foundation of Greater Jackson Scholarship Application

Application Deadline: April 15, 2012

Mail completed application and supporting materials to: Community Foundation of Greater Jackson/ Scholarships 525 East Capitol Street, Suite 5B Jackson, MS 39201

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

First Middle Last

Permanent Address: \_\_\_\_\_ Address

City State Zip

Temporary Address: \_\_\_\_\_ Address

City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ County and State of Residency: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Class year you will be entering in school year 2012-13 (check one):

Freshman  Sophomore  Junior  Senior  Graduate

Declared (or intended) major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree pursuing (check one):  AA  AS  BA  BFA  BS  Other: \_\_\_\_\_

Planned date of college graduation (MM/YY): \_\_\_\_/\_\_\_\_

Status (check one):  Full-time  Part-time

Will you attend for the full academic year (check one)?  Yes  No

If no, which terms/semesters will you not attend and why? \_\_\_\_\_

(If applicable complete information below)

High school: \_\_\_\_\_ Name Address City State Zip

High school graduation date: \_\_\_\_\_ Principal's name: \_\_\_\_\_

Current GPA (based on a 4.0 unweighted scale): \_\_\_\_\_

College entrance exams: ACT: \_\_\_\_/\_\_\_\_ SAT: \_\_\_\_/\_\_\_\_

Composite/Percentile Composite/Percentile

Educational institution you are attending: \_\_\_\_\_ Name

Address City State Zip Phone

Where do you plan to live next year (check one)?  On campus  Off campus  W/parents

The Board of Trustees of the Community Foundation of Greater Jackson does not discriminate on the basis of race, color, creed, gender, handicap, sexual orientation or ethnic origin in its granting or hiring practices.



# Financial Form

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
First
Middle Initial
Last

Please complete this form using information from your and your parents' 2011 Federal Income Tax Return. (If taxes have not been filed by the time they are filling this out, they must use estimated numbers.) If you are a **dependent** student, complete the parental information. You are a dependent student if you are under 24 years of age and are none of the following: (1) a ward of the court; (2) married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years; (4) served in the military. If you are an **independent** student, information about you and your spouse must be included. If you are an independent student, you do not need to supply information from your parents. Financial information provided will remain confidential and be viewed only by Foundation staff and scholarship selection committee members.

I am using actual numbers from my 2011 tax return.  (enclose a copy)

I am using estimated numbers.  (we will ask for verification)

I am:  Dependent (complete both columns)  Independent (student column only)

	<b>Student</b>	<b>Parent</b>
1. Adjusted gross income	\$ _____	\$ _____
2. Total U.S. income tax paid	\$ _____	\$ _____
3. Income earned from work by:		
self	\$ _____	\$ _____
spouse	\$ _____	\$ _____
4. Untaxed income and benefits (Child support, AFDC, ADC, SSI, etc.)	\$ _____	\$ _____
5. Cash, savings, stocks, bonds, CDs, etc.	\$ _____	\$ _____
6. Net value of real estate holding not used as primary residence and not business or farm (market value less mortgage balance)	\$ _____	\$ _____
7. Net value of business or farm	\$ _____	\$ _____
8. Total number of family members (If you are dependent, your parents' family members. If independent, you, your spouse and children.)	_____	_____
9. Total number of family members who will be attending college at least half-time during the next academic year. (If dependent, your parents' family members. If independent, you, your spouse and children.)	_____	_____
10. List any other sources of aid for which you have been approved (including scholarships and grants, names and amounts): _____ _____		

Additional information:

Parents' current marital status:  single  married  separated  divorced  widowed

Your current marital status:  single  married  separated  divorced  widowed

If you and your family have unusual circumstances, please explain them below. Examples: tuition expenses at elementary or secondary school; family member recently unemployed; unusual medical expenses not covered by insurance; other circumstances that affect income (*Use additional sheet if necessary*).

# Certification Sheet

---

## Publicity

If selected as a scholarship recipient, the applicant's name, hometown, school, field of study, activities, awards/honors and other non-confidential information will be released to the media to publicize the award. The recipient will also be asked to provide a photograph for issuance with the press release(s). Please provide your local media information below.

Primary newspaper: \_\_\_\_\_ Television station: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

---

## Certification

I (we) certify that all the information in this packet is true and complete to the best of my (our) knowledge. If asked by any authorized official of the Community Foundation of Greater Jackson, I (we) agree to provide documentation for information given on these forms. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid. All required attachments are included. The applicant certifies that any essays or personal statements attached are his or her own works and, to the best of his or her knowledge, correct. The applicant further grants permission for the Foundation to release non-confidential information to the media should he or she be selected as a scholarship recipient.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent or Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_