Melson Scholarship Fund

Description

The Melson Scholarship fund was created for deserving Selma and Dallas County students who wish to pursue a career in the science or math related field.

This scholarship will cover tuition and fees for a minimum of six semester’s hours for a student-studying MATH or SCIENCE related majors. Scholarship is non-renewable. The Scholarship Committee will review applications and the one which best meets the criteria of the scholarship will be selected as the recipient.

Eligible Applicants

1. Students must be halftime (to be considered half time, students must be registered for 6 hours.)
2. Current GPA must be at least 2.0 (this applies to high school and college applicants)
3. Must maintain a 2.00 GPA

Application Requirements

1. Submit application for the Melson Scholarship
2. All scholarship information must be in a sealed envelope and on front of envelope state: “SCHOLARSHIPAPPLICATION”. If any scholarship information is missing, you will not be eligible for the scholarship.

Please return all information to:

Financial Aid Office
Wallace Community College Selma
P.O. Box 2530
Selma, AL 36702-2350

Application deadline is June 30th
I am Applying for scholarship aid for the _______ - _______ School Year.

Proposed Course of Study (must science or math related) ____________________________

Have you already been accepted into this program? YES_______ NO _________

PERSONAL INFORMATION:

Social Security No._______-______-_______ Birth date: Month____ Day____ Year ___

Sex: Male____ Female_____ Race: Black______ White_____ Other (specify) ________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Telephone Number</th>
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Present Street Address                        City       State

Full name of parent or legal guardian_________________________________________________

Your marital status: Single___ Married___ Divorced___ Separated___ Widowed____

List any sources of financial aid below that you expect to receive this coming academic year (list type and amount) ____________________________________________

List any previous aid you have received (Name of award, date and amount): __________

Present educational level: Entering freshman ___ Enrolled Freshman___ Sophomore____

Are you working now? ____ If yes, what are your monthly earnings? _____________

Employment hours planned while enrolled: None _____ Part-time_____ Full-time_____

EDUCATIONAL EXPERIENCES:

<table>
<thead>
<tr>
<th>Name of High School/College</th>
<th>City, State</th>
<th>Dates Attended</th>
<th>Deg/Diploma</th>
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<tr>
<td>__________________________</td>
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ANNUAL FAMILY INCOME: (If you are dependent, include yours and your parent’s income. Also, include your spouse’s income if you are married.)

___ $0 - $ 9,999  ___ $10,000- $ 14,999  ___ $15,000- $ 19,999  ___ $20,000- $ 24,999
___ $25,000- $ 29,999  ___ $30,000- $ 34,999  ___ $35,000- $ 39,999  ___ $40,000- $ 44,999
___ $45,000- $49,999  ___ $50,000- $54,999  ___ $55,000- $59,999  ___ $60,000 & UP

Number of Family members this income supports: __________

Please write a paragraph explaining your educational and career objectives as it refers to Math and Science: (APPLICANTS WHO DO SKIP THIS QUESTION WILL NOT BE CONSIDERED)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby acknowledge that the information submitted herewith is true and correct.

Applicant’s Signature  Signature of Parent or Legal Guardian  Date
(If you are a Dependent student)

Spouse’s Signature (If you are married)

Please return scholarship application and transcripts to:
Financial Aid Office, Wallace Community College Selma
P.O. Box 2530, Selma, AL 36702-2530