



MAYS MISSION FOR THE HANDICAPPED, INC.  
 SCHOLARSHIP PROGRAM

604 Colonial Drive  
 Heber Springs, AR 72545  
 (501) 362-7526 Fax (501) 362-7529  
 www.maysmission.org  
**E-Mail - info@maysmission.org**

**REQUIREMENTS:**

1. May be interviewed.
2. Must have a physical or mental disability.
3. Must have a 20 or better on the A.C.T. or 970 or better on S.A.T.
4. Must be enrolled in a four-year study program-working toward a Baccalaureate.
5. Must maintain a GPA of 3.0 or better.
6. Must submit grades each semester.
7. If scholarship is granted and is continuous, proof of enrollment must be submitted each semester.
8. Monthly Update Letters are requested.
9. Other considerations may apply.

Last Name, First Name, Middle Initial		Telephone #
Social Security No.	Application Date	Date of Birth
Current Address		Email
Permanent Address		
Name and location of college or University you will attend		
Disability		Date of onset

Are you currently receiving scholarship (s), or financial assistance from other sources? \_\_\_\_\_  
 Does it cover: Tuition \_\_\_\_\_ Housing \_\_\_\_\_ Books \_\_\_\_\_ Meals \_\_\_\_\_

**Education**

School	Level	Name & Location	Years Attended	Date Graduated	Major
Grammar School					
High School					
College					
College					

Please list three non-relatives whom you have known for at least one year.

Name and Address	Telephone	Relationship-years known

Please attach proof/documentation of the following:

1. Disability
2. S.A.T. or A.C.T. Score
3. Current GPA
4. A short biography of your goals, aspirations, and accomplishments and a brief description of how you have overcome your disability.

Upon signing this document, I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for denial of scholarship funds. Further, I understand and agree that my scholarship is for a specific amount stated on this application and may be terminated at any time without prior notice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I also affirm that I am and will continue to be drug and alcohol free according to the laws of the state in which I reside and the state in which the college or university I attend is located.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Deadlines for application: June 30.

**All documentation *MUST* be original, not copies. Transcripts must be “official” and in their sealed envelope from the Office of the Registrar. Internet downloads and copies cannot be accepted. Faxed applications and documentation will be rejected.**

\*\*\*\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Financial Need:	Academic Goals:
Neatness:	Character:
Personality:	Ability:

Amount of Scholarship: \_\_\_\_\_

Approved by:

President: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_

Board Member: \_\_\_\_\_

Date: \_\_\_\_\_