



Susan Morrison Memorial Scholarship Application Information

PURPOSE

The mission of Our Community, Inc.'s (OCI) Susan Morrison Memorial Scholarship is to provide educational opportunities for residents and clients of the Dothan Housing Authority (DHA). OCI desires to see all persons affiliated with the agency view "housing" as an opportunity to improve their lives and the lives of their families for generations to come. The DHA affiliate nonprofit recognizes that education is critical to long-term effective change and instrumental in dismantling intergenerational poverty.

ELIGIBILITY CRITERIA

- Have a minimum of 2.75 GPA in high school.
- 2024 High School Senior
- Must be a Dothan Housing resident and/or Wiregrass Regional Voucher participant to be eligible
- Must be accepted and plan to attend a vocational school, college, or university.

SCHOLARSHIP APPLICANTS MUST PROVIDE

- Completed application form.
- Official high school transcript
- Two letters of recommendation.
- Proof of acceptance for post-secondary studies at an academic, vocational, or technical school.

Please mail the application to:

Attn: Susan Morrison Scholarship Program
Our Community Inc.
PO Box 1727
Dothan, AL 36302

- **All applications must be returned/postmarked by Monday, March 31, 2025.**

(Applications received after this date will not be considered.)

- **All applicants will be notified if awarded a scholarship by May 1, 2025.**

If you have questions related to this application or need assistance, please get in touch with a member of the
Resident Services Department at 334-794-6713

Susan Morrison Memorial Scholarship 2025 Application

Please **type or print** your answers below. A separate sheet may be used if needed.

1	Last Name: _____	First Name: _____
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3	Daytime Telephone Number: () _____ Email address: _____	
4	Current High School: _____	High School Graduation date: _____
5	I will be attending the following school in the <u>Fall of 2025</u> : _____ Address/ Phone _____	
6	What year will you enter school? Freshman Sophomore Junior Senior	
7	Will you be a full-time student? _____ (minimum 12 hrs.)	
8	Will you be a commuting student? Will you live on campus? _____ If you are not living on campus, where will you be living? _____	
9	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent <u>official</u> school transcript is required.	
10	ACT Score: _____ Or SAT Score: _____ A copy of your <u>ACT or SAT</u> score sheet on your official high school transcript is required.	

11	<p>Please provide the name and address of your parent(s) or legal guardian(s). If you need more space, use the reverse side of the application.</p> <p>Name (s) _____</p> <p>Street: _____ City: _____ State: _____</p> <p>ZIP: _____</p> <p>Home phone of parents or legal guardians: _____</p>				
12	List the name of any college you have attended.	Year Began	Year Ended	Year Graduated	Type of Degree or grade received
	A.				
	B.				
	C.				
13	What specialty/major do you plan to major in as you continue your education?				
14	Other financial assistance you expect to receive per semester or quarter:(Check all that apply)				
	Personal: (currently working or work-study during school)				
	Other Scholarship(s):				
	Grants:				
	Student Loan(s):				
	Other Financial Resources:				

Please list the following information on a separate sheet if needed.

15	<p>SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list any school extracurricular activities you have participated in. Note leadership roles and dates.</p>
16	<p>ORGANIZATIONS: Please list community organizations such as service, volunteer, and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.</p>
17	<p>RECOGNITIONS: Please list essential awards and recognitions received. Note organizations presenting the honor and the date.</p>

18	GOALS: What are the short- and long-term for your academic career goals?	
19	ESSAY: Please address how the scholarship will impact their future educational journey and what it would mean to them if they were awarded the Susan Morrison Memorial Scholarship. (300-500 Words)	
20	The following criteria must be met for the application to qualify for review by the scholarship committee. Circle “YES” or “NO” to ensure that you have completed and attached each item as required.	
	YES	NO Application complete
	YES	NO Two reference letters.
	YES	NO Proof of college acceptance or current student enrollment. A letter of college enrollment or program enrollment is required to receive funds.
	YES	NO The most recent <u>official</u> high school
	YES	NO Photo (Head Shot)

STATEMENT OF ACCURACY

I affirm that all the above-stated information I provided to the Susan Morrison Memorial Scholarship Committee is accurate, correct, and without forgery. I also agree that my picture may be taken and used for any necessary purpose to promote the Susan Morrison Scholarship Program.

I understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

Application must be received by Monday, March 31, 2024. No Exceptions!