

MISSISSIPPI POSTAL EMPLOYEES FEDERAL CREDIT UNION  
567 SOUTH STATE STREET  
JACKSON, MISSISSIPPI 39201

SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(STREET/ROUTE) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_ MEMBER#: \_\_\_\_\_

DATE OF BIRTH (M/D/Y): \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_

I CERTIFY THAT THE ABOVE LISTED AND ATTACHED INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
(APPLICANT) DATE \_\_\_\_\_