



The Natholie Bently Parker Memorial Scholarship by the Monroe County Chapter of Troy Alumni Association

P. O. Box 1641 Monroeville, AL 36461

2024-25 Alumni Association Scholarship

- Applicant must be a Monroe County resident who is graduating from a high school in Monroe County in 2024.
- Applicant must have applied &/or be accepted to be a full time student at Troy University main campus in the Fall of 2024.
- Applicant must have a minimum GPA of 3.0 and meet all the requirements set forth in this document to apply for the scholarship. **Transcript with ACT scores, if available,** must be submitted with application.
- Applicant must have the **endorsement of their Guidance Counselor** and follow the guidelines set forth in submitting the endorsement with the application packet.
- **Application packets and statement of accuracy** are to be **postmarked by Friday, May 3, 2024,** and mailed to the address above. Late applications will not be considered.
- **Essay:** Choose one of the questions below to write a brief (300-500 word) essay. Essay should be typed and double spaced.
Option 1: Describe how volunteer or community service has shaped who you are today, and what community service has taught you.
Option 2: Describe challenges or obstacles you have dealt with in your life. How have you overcome these challenges? How do you think these obstacles will help you succeed in college and beyond?
- **Resume' or Activity Sheet** should include:
 1. Any academic honors, awards, and membership activities while in high school
 2. Hobbies, interests, extracurricular activities and school related volunteer activities
 3. Non-school sponsored volunteer activities in your community
- Packets shall consist of the following: _____ Application including statement of accuracy
_____ Essay _____ Guidance Counselor's Endorsement (in sealed envelope)
_____ Resume' or Activity Sheet _____ High School Transcript (in sealed envelope)

**2024-25 Natholie Bently Parker Memorial Scholarship
Monroe County Chapter of Troy University Alumni Association
Scholarship Application**

Name: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Date of Birth: _____ High School: _____

Cumulative Grade Point Average (GPA based on 4.0 scale): _____

Highest ACT score, if available: _____

Have you applied and/or been accepted to attend full-time at Troy University Main Campus for the Fall Semester 2024? _____

What other financial assistance do you anticipate receiving to attend Troy University?

Have either of your parents/guardians earned a 4-year college degree? _____

Have either of your parents/legal guardians attended and/or graduated from Troy University? _____

Please list their name(s) and mailing address(es): _____

Parent/legal guardian Home phone: _____ Cell phone: _____

Parent/legal guardian email address: _____



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GUIDANCE COUNSELOR'S ENDORSEMENT

(This form is to be completed by the guidance counselor and returned to the student in a sealed envelope to be submitted in the student's scholarship packet.)

Full Name of Student Applying for Scholarship to Troy University, Fall 2024:

Name of Guidance Counselor completing this Form:

High School: _____

Counselor Contact Information (email and phone):

Student's current GPA (must be at least 3.0 on a 4-point scale): _____

Student's highest ACT score, if available: _____

Do you have knowledge that this student has completed the application and enrollment procedures for Troy University Main Campus for the Fall Semester 2024? _____

Signature of Guidance Counselor

Date

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STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all of my application materials are accurate and the information I have provided is true.

I consent that, if chosen as a scholarship recipient, my picture may be used to promote this scholarship program. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that, if chosen as a scholarship recipient, according to the Monroe County Chapter of Troy University Alumni Association's guidelines, I will be present at the designated time to receive the scholarship award.

I hereby understand that any late or incomplete applications will not be considered for this scholarship.

Printed Name of the Scholarship Applicant

Legal Signature of the Scholarship Applicant

Date

APPLICATION PACKET CHECKLIST

- _____ Application (including statement of accuracy)
- _____ Essay
- _____ Resume' / Activity Sheet
- _____ Guidance Counselor's Endorsement (in a sealed envelope)
- _____ High School Transcript and ACT scores (if available) in a sealed envelope

PLEASE MAIL THE APPLICATION PACKET POSTMARKED BY Friday, May 3, 2024

TO: Monroe County Chapter of
Troy Alumni Association
% Leslie Hornady
P. O. Box 1641
Monroeville, AL 36461