1. Purpose is to assist deserving young men and women who are pursuing an education at The University of Mississippi.

2. The scholarship is an academic scholarship established under accepted guidelines of the Department of Financial Aid at The University of Mississippi.

3. Recipients shall be full-time students who are lineal descendants of a graduate of The University of Mississippi.

4. The closest lineal relation of the applicant must be an active member of the Ole Miss Alumni Association, or must have been an active member at the time of his or her death.

5. The Herb Dewees Alumni Association Scholarship Committee selects the recipients.

6. Selection is based on scholarship ability, leadership potential, and family involvement in the Ole Miss Alumni Association.

7. You cannot receive this scholarship if you participate on an Ole Miss athletic team. This includes both scholarship and walk-on athletes.

8. The scholarship shall be for a maximum of ten (10) semesters or completion of the Baccalaureate degree assuming recipients maintain satisfactory academic progress. The recipient will lose the scholarship if he or she has a judicial file with the University.

9. Members of the alumni staff serve as mentors to each recipient. All recipients are required to meet with their assigned mentors at least one (1) time each fall and spring semester. Failure to do so may result in loss of scholarship.

This form must be received in the Alumni Office by March 1.

Revised: September 27, 2010
1. Name: ____________________________________ ___________________________________________  
   Last  First  Middle  

Name You Prefer to be Called: _____________________________________________________________  

Social Security #: ____________________ Ole Miss Student ID #: ______________________________  

Permanent Address: ____________________________________________________________________  
   Street Apartment or Box #  
   City  State  Zip Code  

Permanent Telephone #: ____________________ Cell #: _________________________________  

Email Address: ___________________________________________________________________________  

2. The following academic information is necessary to evaluate the eligibility of entering students for all University administered scholarships:  

- **High School Information:**  

   Attach a copy of your most complete high school transcript. Unofficial transcripts are accepted.  

Name of High School: ____________________________________________________________________  

ACT: _______ Rank in Class: ___________ Number in Class: ___________  

GPA: _______ out of 4.0 scale (Please convert to numerical equivalent________.)  

High School Honors and Activities - Circle All that Apply:  

   National Achievement Semifinalist  National Merit Semifinalist  
   Salutatorian Star Student  
   Valedictorian  

Other Honoraries - Please list: ____________________________________________________________________  
   ____________________________________________________________________
- **Community College/Transfer Information:**

Currently enrolled **college students**: attach an unofficial copy of your college transcript.

Currently enrolled **Ole Miss students**: attach an unofficial copy of your Ole Miss transcript, along with transcripts from your high school, community college or other college or university that you attended prior to enrolling at the University.

Name of community college or university currently attending or previously attended:

______________________________________________________________

Current cumulative GPA: ______

Community College/University Honors and Activities – Circle All that Apply:

Athletics Band National

Honor Society ROTC

Elected Student Government Officer Student Newspaper/Annual

Other Honoraries - Please list: ____________________________________________

______________________________________________________________

3. **Please list your closest lineal relation (mother, father, grandmother, grandfather) who is a graduate of Ole Miss.**

Name and Relationship to You Years Attended (Ex: 1974-78)

4. **Please list all of your relatives who are graduates of The University of Mississippi:**

Name and Relationship to You Years Attended

Name and Relationship to You Years Attended

Name and Relationship to You Years Attended

Name and Relationship to You Years Attended

Name and Relationship to You Years Attended
5. The Herb Dewees Alumni Association Scholarship Endowment is presented to individuals who have scholastic ability and leadership potential. Although not required, please provide any additional information that may be of interest to the Committee.

6. Please list names and ages of siblings:

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7. Please attach an essay of 125 words or less on why you chose to attend Ole Miss.

8. You may also attach a resumé or other biographical information.

*You cannot receive this scholarship if you participate on an Ole Miss athletic team. This includes both scholarship and walk-on athletes.

Please complete this application and return by March 1. Applications received after March 1 will not be accepted.

By Mail: The University of Mississippi Alumni Association
Herb Dewees Alumni Association Scholarship Committee
651 Grove Loop
Post Office Box 1848
University, MS 38677-1848

By Fax: (662) 915-7756
*Transcripts may also be faxed.