



2025 BILL CASS MEMORIAL SCHOLARSHIP APPLICATION

Please complete this application in its entirety. Include any attachments necessary, including a copy of your most recent high school transcript, and a letter of recommendation from at least one high school principal, guidance counselor, or teacher. Return the application no later than

May 14th, 2025 to:

BILL CASS SCHOLARSHIP COMMITTEE
c/o Carter Page, Executive Director
400 Clubhouse Drive
Pearl, MS 39208

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Cell Phone: _____ Social Security # : _____

HIGH SCHOOL INFORMATION:

High School Attended _____

Address: _____

Latest Cumulative GPA _____ Rank/Class Size _____

ACT _____ SAT _____

COLLEGE INFORMATION:

College you plan to attend _____

Address _____

Date entering as a full time student _____

Probable Major _____

EXTRA CURRICULAR ACTIVITIES:

Please list your extra curricular activities under the proper section. You may attach an additional sheet if more space is needed.

❖ School Related Club and Activities:

❖ Interscholastic Athletics:

❖ Non-school Related Clubs and Activities:

❖ Honors and Awards: