Les Belle Fleurs (est. 2002) Sisterly Love Scholarship Competition In Memory Of Shirley Catherine Firth Holmes



APPLICATION CRITERIA

All scholarship applicants must:

- 1. Be a Mississippi resident and a female high school senior graduating from a Mississippi High School in Jackson County, Harrison County, Hancock County, Pearl River County, Stone County or George County in the Spring of 2024.
- 2. Submit only one application and essay.
- 3. Plan to enroll in an accredited college or university as a full-time student in the Fall 2025.
- 4. Submit a completed application form and essay via mail postmarked by April 1, 2025.

WINNING SUBMISSION

The winner will be surprised at her school in the spring when she receives a \$500 check. (If Possible, otherwise it will be mailed to her.)

HOW TO SUBMIT, VERY IMPORTANT!

- 1. Complete application form with personal information and place in a regular **SEALED** envelope.
- 2. Acquire two letters of recommendation in individually **SEALED** envelopes.
- 3. Write an essay about "What Sisterhood Means to Me," minimum of 500 words and 1,000 words maximum (include word count in footer). Note: NO personal information should be listed in the body of the essay, including names of family members.
- 4. Place essay without ANY personal information in a manila envelope.
- 5. Place the three SEALED envelopes (application form and two letters of recommendation) and manila envelope (essay) in a larger manila envelope. *Note: NO personal information should be listed on the outside of any of the envelopes.*
- 6. Personal information should ONLY be listed on application.
- 7. Have High School Counselor mail package to Les Belle Fleurs, ATTENTION SCHOLARSHIP, PO Box 7151, d'Iberville, MS 39540. <u>ATTENTION COUNSELORS: Only ONE participant's essay/application/letters of recommendation per larger manila envelope. Mail each participants information separately.</u>

Your essay will be disqualified if you do not follow the above instructions.

If you should have any questions, please contact Shania Melton at (228) 297-3301

Join us on Facebook @ https://www.facebook.com/lesbellefleur.lbf

Les Belle Fleurs' Sisterly Love Scholarship Application In Memory of Shirley Catherine Firth Holmes		
Name:		
Date of Birth:	Email Address:	Phone:
Current Address:		
City:	State:	Zip Code:
	High School Inf	ormation
School Name:		
School Address:		Phone:
City:	State:	Zip Code:
ACT Score:	GPA:	Year of Graduation:
	Counselor's Inf	ormation
Name:		
Email:		Phone:
Counselor's Remarks:		
	College You Plan	To Attend
School Name:		
City:	State:	Zip Code:
Major:		
	Reference	ees
Name:	Address:	Phone:
	Signatur	es
I certify that all information	provided above is accurate.	
Signature of Applicant:		Date:
Signature of Parent/Guardian (Applicant under 18):		Date:
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