**Mississippi Organ Recovery Agency**

**2024-2025 Scholarship Application**

**ATTACH THIS FORM WITH YOUR ESSAY and TWO LETTERS OF RECOMMENDATIONS**

High School you attend_____

Name_____

Mailing Address _____

City_____ State_____ Zip Code_____

Phone: cell # _____ home #_____

Email Address_____

Parent/Guardian_____ Parent/Guardian Cell # _____

College or University you plan to attend _____

Major_____

List any volunteer and community work, academic achievements, honors, recognitions, awards, and/or leadership positions. (Use additional pages if necessary) **Resume will be accepted**.

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