



Name of Scholarship

Student's Name

Petal Education Foundation

The mission of the Petal School District Education Foundation is to enhance the quality of education in the Petal School District by providing private funding to have a positive impact on our public schools.

2025-26 SCHOLARSHIP APPLICATION

**Listings of PEF Scholarships may be found at petaleducationfoundation.org.

Submit a separate application for each scholarship you apply for, ensuring that you meet all specific requirements outlined in the Petal Education Foundation Scholarship Booklet. If you are applying for multiple scholarships, you must complete and submit a separate application for each one. All applications must be typed or filled out in blue or black ink only.

APPLICANT INFORMATION:

Name Age Birthday

Address City State Zip Code

Home Phone Cell Phone Personal Email

PARENT/GUARDIAN INFORMATION:

Father Mother

Of Children in Family # Living at Home In College

*If you are applying for the "Friends of the Foundation" PSD Employee Dependent Scholarship:

Name of Parent(s) employed by the Petal School District

DATES OF EMPLOYMENT From (mo/yr) To (mo/yr)

Name of Petal School District School or Department

APPLICANT'S EDUCATIONAL BACKGROUND:

Name of any other High School(s) Attended	Address	Dates Attended

Current GPA:

Date of High School Graduation:

If applying for the Robert E. Hendrix Scholarship, list your mentor's name and address.

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Reference:	<input type="text"/>

Should the requirements of a particular scholarship need a reference, the letter should be specific to the requirements of the scholarship. (Example of possible references: Teacher, Counselor, Minister, and Other Non-relative).

Which College/University do you Plan to attend?

What is your intended Major?

***(ONLY ONE TRANSCRIPT IS NECESSARY FOR ALL PETAL EDUCATION FOUNDATION SCHOLARSHIP APPLICATIONS).**
The PHS Guidance Counselor will send transcripts directly to the Foundation Office before the scholarship application deadline. **It is the responsibility of the student to request the transcript and sign for it to be sent to the Foundation prior to the date due.**

If applying for more than one Foundation scholarship, a separate application must be turned in for each scholarship applied for. Attach the required supporting materials and staple together. Use only one large envelope for multiple applications. All scholarship materials are due to the Petal Education Foundation office, located in the PSD Central Office, 103 E. Central Avenue, Petal, MS, no later than 4:30 p.m., Friday, February 27, 2026----- **NO EXCEPTIONS!**

The person delivering the scholarship applications to the Central Office must fill out the delivery check sheet listing the name of the applicant and the scholarships included in the envelope at the receptionist desk. DO NOT LEAVE ENVELOPE ON COUNTER IF RECEPTIONIST IN NOT PRESENT.

If mailing the application send to: Petal Education Foundation, Attn: Scholarship Committee, P. O. Box 948, Petal, Mississippi 39465

Applicant Name:

Date: