**A person in a suit and tie

Description automatically generatedDr. Royce Turner Presidential Scholarship Award**

**Paxon Alumni Association Incorporation presents the Dr. Royce Turner, Presidential Scholarship Award.** The award will be presented to an outstanding senior student who has demonstrated outstanding academic, service, and leadership qualities while attending Paxon School for Advanced Studies. Dr. Royce Turner’s scholarship requires a letter of recommendation. Recommendations can be solicited from Paxon administrators, faculty, and/or staff. This scholarship will require a resume and essay submission. All documents must be submitted with the application. All scholarships require that the student is in good academic and behavioral standing. This first-ever scholarship of $2,000 will be awarded on June 6th or 7th, 2024.

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| **Dr. Royce Turner**  **PRESIDENTIAL SCHOLARSHIP AWARD**  **$2000** | * Be a current high school senior at Paxon High * Have a minimum GPA of 3.0 * Letter of recommendation – From Paxon High administrators, faculty, and/or staff member * Letters should be addressed to the Board of Directors for Paxon Alumni Association Inc. * Active in school activities, clubs, community activities, and/or athletics * Have applied to or been accepted into college, university, or vocational/trade school * Resume * Essay – Student Picks Topic, 2 pages maximum, single-spaced * High School Transcript – Unofficial Copy Is Acceptable * Good Academic Standing and Good Behavioral Standing * Parent Consent |

**Scholarship Information and Criteria**

**Zoom Q & A Session: Wednesday, March 2nd, 2024, 6:30 PM**

**Submission Deadline: Tuesday, April 2nd, 2024, 11:59 PM**

**Decision Day: Sunday, April 7, 2024 - Notification Day: Friday, April 12, 2024**

**Award Day: Thursday, June 6th and/or Friday, 7th 2024-Recipients Must Attend The Award Activity**

**A blue and yellow book cover

Description automatically generatedPaxon Founding Class of 1974 Scholarship Award**

**Paxon Alumni Association Incorporation presents the Paxon Founding Class of 1974 Scholarship Award.** The award will be presented to an outstanding senior student who has demonstrated outstanding leadership qualities, and volunteer service while attending Paxon High for Advanced Studies. This scholarship requires a letter of recommendation. Recommendations can be solicited from Paxon administrators, faculty, and/or staff. This scholarship also requires a resume and essay submission. All documents must be submitted with the application. All scholarships require that the student is in good academic and behavioral standing. This first-ever scholarship of $1,000 will be awarded on June 6th or 7th, 2024.

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| **Paxon Founding Class of 1974 LEADERSHIP SERVICE AWARD**  **$1000** | * Be a current high school senior at Paxon High * Have a minimum GPA of 2.6 * Letter of recommendation – From Paxon High from administrators, faculty, and/or staff member * Letters should be addressed to the Board of Directors for Paxon Alumni Association Inc. * Active in school activities, clubs, and/or community volunteer service * Have applied to or been accepted into college, university, or vocational/trade school * Essay – Student Picks Topic, 2 pages maximum, single-spaced * Resume * High School Transcript – Unofficial Copy Is Acceptable * Good Academic Standing and Good Behavioral Standing * Parent Consent |

**Scholarship Information and Criteria**

**Zoom Q & A Session: Wednesday, March 2nd, 2024, 6:30 PM**

**Submission Deadline: Tuesday, April 2nd, 2024, 11:59 PM**

**Decision Day: Sunday, April 7, 2024 - Notification Day: Friday, April 12, 2024**

**Award Day: Thursday, June 6th and/or Friday, June 7th 2024-Recipients Must Attend The Award Activity**

A logo of a bird

Description automatically generated**PAXON ALUMNI ASSOCIATION INC.**

**SCHOLARSHIP APPLICATION**

**INSTRUCTIONS:**

Download this Form, save it as a Word document, complete the form, and re-save the completed form as a PDF. Please Insert Your Full Name and the words Scholarship Applicant In the subject line of your Email

Please Email All Required Documents To: [paxonalumniassociationinc@gmail.com](mailto:paxonalumniassociationinc@gmail.com)

**Zoom Q & A Session: Wednesday, March 2nd, 2024, 6:30 PM**

**Submission Deadline: Sunday, April 2nd, 2024, 11:59 PM**

**Decision Day: April 7, 2024 - Notification Day April 10, 2024**

**Award Day: Thursday, June 6th or Friday, June 7th, 2024 – Recipient Must Attend The Award Activity**

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHTED GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration of Major - Please list your anticipated college major (area of study): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Consent: YES\_\_\_\_ NO\_\_\_ Please submit the Parent’s Consent Form with your completed application.

**Which Scholarship are you applying for? You may select ONE award.**

\_\_\_\_ DR. ROYCE TURNER PRESIDENTIAL SCHOLARSHIP- AWARD $2000

\_\_\_\_ PAXON FOUNDING CLASS OF 1974 SCHOLARSHIP – AWARD $1,000

Institutions Accepted Into: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutions Applied To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send questions to: [paxonalumniassociationinc@gmail.com](mailto:paxonalumniassociationinc@gmail.com)

Parents’ Consent Form Must Be Submitted With The Application

Proof of Acceptance Into A Qualifying Institution Must Be Provided Prior To The Award Day In 2024

Qualifying Institutions Means The Institution Is Accredited By A Creditable Recognized Body.

**Parent Consent of Photo Release**

Each scholarship awardee will be required to be photographed when receiving an award. An authorized parent or guardian must sign this photo release below. Please bring your signed form to the event. Also, email your form. In the subject line type – Scholarship Award. Email it to paxonalumniassociationinc@gmail.com  
  
For good and valuable consideration, the receipt of which is hereby acknowledged, I, parent or guardian name hereby grant Paxon Alumni Association Inc. permission to use the Student/Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_likeness in a photograph in any and all of its publications, including but not limited to all of Paxon Alumni Association's Inc. printed and digital publications.  
  
I hereby irrevocably authorize Paxon Alumni Association Inc. to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing Paxon Alumni Association Inc. programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the student's/child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising out of, or related to, the use of the photograph.  
  
I hereby hold harmless and release and forever discharge Paxon Alumni Association Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.   
  
  
Name of Authorized Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_