

**ERMA WHITTET AND LOIS HENDERSON  
EDUCATION SCHOLARSHIP**

The Erma Whittet and Lois Henderson Education Scholarship is made available to any student from Leflore County who is pursuing an education degree with the intent of entering the teaching profession. The recipients will be awarded \$1,000 per semester for a total of eight semesters. Each semester the recipients must verify a continued education major and a GPA of 2.5 or higher. This is a scholarship program of WaterStone (Tax ID 75-1750059) and is administered through Greg Gaither's office in Muskogee, Oklahoma. Recipients are selected by a non-partial selection committee.

**INSTRUCTIONS FOR APPLYING**

Please read the following points carefully. Failure to comply may be the cause for disqualification. All submissions must be typewritten or printed and in the following order. All materials **MUST** be submitted under one cover and stapled in the top left-hand corner. Materials sent in multiple mailings will not be accepted.

1. Completed Application
2. Personal Statement: 100-300 words, indicating your chosen field of study. How do you see yourself as a leader in your area of aspiration? State your reasons for these choices. Include pertinent experiences, activities and accomplishments.
3. References: three references; one from an educator, one from clergy and one of your choice such as an employer.
4. Official High School Transcript (Remove transcripts from envelope.)
5. FAFSA: Submit a copy of a free application for Federal Student Aid ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)).

Your application must be postmarked no later than March 10.

Mail to: Erma Whittet and Lois Henderson Education Scholarship  
3608 S. Cherokee Drive  
Muskogee, OK 74403  
Telephone: 918-683-2477

# ERMA WHITTET & LOIS HENDERSON EDUCATION SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

## GENERAL INFORMATION

Father's Name \_\_\_\_\_ Check if deceased

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Check if deceased

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a step-parent or guardian other than your parents?  Yes  No

If yes, Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College/University/Vocational School you plan to attend (must offer an Associate Degree or higher)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you been accepted?  Yes  No *If yes, attach copy of acceptance letter.*

**LEADERSHIP POSITIONS AND VOLUNTEER ACTIVITIES**

List by name and year (9, 10, 11, 12) leadership positions/offices held and volunteer activities (school, church, community, etc.) along with the approximate monthly time commitment of each. *Attach a sheet with any additional information that space does not allow.*

Examples: Student council president (12; 2.5 hrs/month); Hospital volunteer (11, 12; 25 hrs/month)

_____	_____
_____	_____
_____	_____
_____	_____

**MEMBERSHIPS**

List by name and year memberships and other participation along with the approximate monthly time commitment of each. *Attach a sheet with any additional information that space does not allow.*

Examples: Basketball (9, 10, 11; 35 hrs/month); Cheerleading (11, 12; 20 hrs/month)

_____	_____
_____	_____
_____	_____
_____	_____

**HONORS AND AWARDS**

List by name and year the honors and awards you have received during high school. *Attach a sheet with any additional information that space does not allow.*

Examples: National Merit Scholar (12); National Honor Society (12); Hospital Volunteer of the Year (12)

_____	_____
_____	_____
_____	_____
_____	_____

**EMPLOYMENT**

List the names and addresses of employers, including family business or self-employment. Indicate whether part-time, summer, or full-time, with the hours you work. *Attach a sheet with any additional information that space does not allow.*

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**SCHOOL CONTACT**

Fill in the following completely with your high school information.

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal's Name \_\_\_\_\_

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**SIGNATURES**

I authorize my school officials to give information about my academic records.     Yes     No

To the best of my knowledge, the information presented on this application is complete and true.

\_\_\_\_\_  
Applicant printed name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian printed name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date