

Otis Allen Scholarship Application

Name: _____

Mailing Address:

Phone Number: _____

School Name: _____

Address:

Phone Number: _____

Principal: _____

Subjects taught: _____

Date and Convention attending:

List any other monies you will receive in reimbursement for attending the meeting.
(Example: local funds, Eisenhower monies, etc.)

This application must be returned to the Scholarship committee two months prior to the date of the conference.

Send to the following address:

Minnie C. Parham, Chairperson
Otis Allen Scholarship Committee
402 Bell Avenue
Greenwood, MS 38930