

*Mississippi Association
of Housing and Redevelopment
Officials*

*2026 Application Packet
For
The Michael A. Robertson Memorial Scholarship
(PHA Employee Dependent)*

**MISSISSIPPI ASSOCIATION OF HOUSING
AND REDEVELOPMENT OFFICIALS
MICHAEL A. ROBERTSON MEMORIAL SCHOLARSHIP**

Introduction

The Mississippi Association of Housing and Redevelopment Officials (MAHRO) will award a scholarship to the dependent of an employee of a public or assisted housing authority at a MAHRO member agency. The award is \$1,500 for one (1) year.

Eligibility

- a. High School graduate for the school year ending in May or June 2026.
- b. Must be an immediate family member of an employee of a PHA, who is an active member of MAHRO.

Application and Supplementary Materials

- a. Complete and sign the attached application form. Turn in your application, along with other required documents, to the Executive Director of the Housing Authority in which you reside.
- b. An unofficial copy of your high school transcript and any college credit transcript. Students must have at least a “B” average on his/her school’s applicable scale during his/her high school career, cumulatively, to be considered for the scholarship. (See attached Grade Point Average Verification Form).
- c. An applicant must have a minimum ACT score of 19, and the certified score submitted with the application.
- d. Two (2) letters of reference supporting the character, achievements, and potential for educational and career advancement. One of the letters must be from a school official (principal, counselor, teacher, etc.). The other letter must be a personal, non-family recommendation (i.e. employer, minister, etc.).
- e. A sponsorship letter from the Executive Director of the Housing Authority. The agency must be an active member of MAHRO at the time of the application.
- f. Essay of no more than 500 words describing the characteristics of a good citizen.

Award Distribution Information

- a. The Scholarship Award will be administered by MAHRO Scholarship Committee to the winner.
- b. The Scholarship funds must be used in one academic year, or longer if approved by the scholarship committee of MAHRO and the recipient remains a student in good standing.
- c. Grantees' failure to continue the required course of study will cause the unused portion of the award to revert to the MAHRO Scholarship Fund.
- d. Checks will be issued directly to the college or university upon receipt of a bill from the institution. The school will deposit the money into the student's account to be used only to pay for tuition, books, and activities directly related to the student's education.

All items must be submitted with the application, or the scholarship selection committee WILL NOT consider the application.

The original and one (1) copy of the completed application must be sent to:

MAHRO
Denise Dobbs
P. O. Box 69
Aberdeen, MS 39730
ATTN: Scholarship Committee

Applications must be received by **Friday, May 1, 2026.** Incomplete applications will not be considered.

MICHAEL A. ROBERTSON SCHOLARSHIP AWARD APPLICATION

Submit to: Your Public Housing Authority for forwarding to Scholarship Committee.
Must be typewritten.

Applicant Name: _____

Current Address

Phone Number: _____

E-mail address: _____

Sponsoring Housing Authority: _____

Executive Director: _____

Parent's years of employment with the PHA: _____

High School Graduation Date: _____

Name of High School: _____

Address of School: _____

List of Colleges or Universities to which you have applied or plan to apply:

| Name of School | Address | Status of Application |
|----------------|---------|-----------------------|
|----------------|---------|-----------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List of scholarship assistance applied for or received:

On a separate page, describe your objective in continuing your education beyond high school. Also describe any extra-curricular school or community activities and achievements that provide evidence of personal motivation and initiative, i.e. high school or civic club activities, church activities, volunteer groups, or family assistance.

It is understood that the award of the scholarship shall be governed by any and all conditions established by the Committee.

I certify that all information is true and correct to the best of my knowledge. I further certify the application is complete and contains all items as requested.

Applicant's Signature

Signature of Parent/Guardian

Executive Director Signature

Grade Point Average Verification
ACT Verification
(This must be completed by school counselor)

Type of Grading Scale used by school (ex. 4 pt., 6pt., 100 pt., etc.) _____

Please convert GPA to 4.0 scale or 100 point system when completing the section below:

9th Grade _____

10th Grade _____

11th Grade _____

12th Grade _____

Cumulative GPA _____

ACT Score(s) _____

The student's unofficial transcript and ACT score(s) must also be submitted with the application.

Name of Counselor

Date

Signature of Counselor

Date

ATTACHMENT

If awarded a MAHRO scholarship, the recipient will need to complete the attached **REQUEST FOR PAYMENT** form and provide proof of enrollment/billing statement.

Please read the request for payment form in its entirety and follow its instructions.

MISSISSIPPI ASSOCIATION OF HOUSING & REDEVELOPMENT OFFICIALS

REQUEST FOR PAYMENT

Fall Semester 2026

Scholarship Award *(please check the scholarship you were awarded)*

MAHRO Scholarship

Michael A. Robertson Scholarship (Employee Dependent)

Name: _____

Permanent Address: _____

Phone Number: _____ Home: _____

Email: _____

College Name & Address: _____

Major and/or degree you are seeking _____

Anticipated Graduation date: _____

Proof of Enrollment/Billing Statement: Please attach some form of acceptance/enrollment to college/university along with a copy of the billing information for the semester showing your student ID number.

Signature: _____ Date: _____

For Use by MAHRO Secretary-Treasurer

Approved: _____ Date: _____

Amount of Award: _____ Check# _____ Date Paid: _____