

**Mecklenburg Scholarship Association**  
**Mary Roberts Pritchett Scholarship**  
(Trust Fund Established for Chase City, VA Students)

**Scholarship Mission Statement:**

To help deserving **Chase City area** students who are of **good character** and who are in **need of financial assistance** to defray the cost of **tuition and mandatory fees** to achieve their educational goals at a four-year university or college.

**Application Deadline Date: Wednesday, April 15, 2026.**

No exceptions to deadline date! Applications received after the deadline date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award. Allow ample time for the postal service to deliver. Applications received prior to the deadline date will be processed in the order received.

High school guidance counselors/college registrars are not responsible for mailing applications.

**Completed applications are to be mailed to:**

**Dottie Dean Bratton, President**  
**Mecklenburg Scholarship Association**  
**912 West Sycamore Street**  
**Chase City, Virginia 23924**

This scholarship is valid for the 2026-2027 academic school year. Although the Mecklenburg Scholarship Association administers three separate scholarship programs (Pritchett, Carter Medical and Heble), only one scholarship per applicant will be awarded. **Therefore, applicants are to select the one scholarship program that best describes their eligibility.** It is not the responsibility of the MSA Selection Committee to decide which scholarship program the student is eligible. Therefore, duplicate applications will be eliminated from consideration by the committee. **Applicants are to use only the updated 2026-2027 version of the applications** found in the high school guidance office, online on all of Mecklenburg County towns' websites with further information regarding the scholarships found in *The Mecklenburg Sun* newspaper. Additional help or questions can be submitted to [dottie.bratton@gmail.com](mailto:dottie.bratton@gmail.com).

## Selection Committee's Guidelines for Awarding Scholarships

### READ CAREFULLY

1. Completed applications must be in the possession of the President of the Mecklenburg Scholarship Association no later than the deadline date of April 15<sup>th</sup>. **Applications received after this date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.** Allow ample time for the postal service to deliver completed applications.
2. If a question on the application is left unanswered or if a page is deleted from the application, the applicant will be ineligible for a scholarship if no explanation is given for the omission.
3. If applicants do not include a copy of their **letter of acceptance** to their chosen college or university and an **official, sealed transcript** from their college Registrar's Office or high school Guidance Counselor's Office, the application will be eliminated from consideration. A personal **computer-generated printout** of grades by the applicant or an **electronically sent transcript** from the student's school are unacceptable.
4. The applicant's **home mailing address** is required to determine the residency within Chase City, VA, and thus, to determine the eligibility of the applicant.
5. A student holding a part-time job will be considered as a positive factor in determining scholarship awards.
6. Applicants with parents who earn higher incomes will be considered on a limited basis.
7. Since this scholarship is based on a student's character, the Selection Committee requires trustworthy and truthful information on the application from the applicant. The applicant's signature is required under the pledge along with the date the applicant signed the pledge.
8. Scholarship awards are non-transferable from one college to another college. If a student does not enroll in the school stated on the scholarship application, the scholarship award is forfeited.
9. Applicants who are applying or reapplying for a scholarship must seek letters of recommendation from those **who have not written previous recommendations** for the applicant. This includes the faculty member within the school the applicant is presently attending as well as the community representative not affiliated with the school in any capacity. **Letters written by the faculty member and the community representative are to be in sealed envelopes.**
10. Doctoral and Master's degree applicants, students over the age of 26 years, and all scholarship amounts will be determined with consideration for the cost of tuition, mandatory fees, funding availability and the number of applications received.
11. The President of the Mecklenburg Scholarship Association does not participate in the selection of the scholarship recipients or vote for any candidate applying for either of the three scholarship programs the MSA offers. (Pritchett, Carter Medical, Heble) Scholarship recipients are determined solely by the Selection Committee. However, additional help or questions can be submitted to [dottie.bratton@gmail.com](mailto:dottie.bratton@gmail.com).

# Mary Roberts Pritchett Scholarship

(Submit this scholarship application if you have a Chase City mailing address)

## Student's Information

**Student's Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
(The applicant will be contacted if there is a question that needs an explanation.)

**School Presently Attending:** \_\_\_\_\_

(Include an official, sealed Academic Transcript from the school.) A student's personal-computer printout of their transcript or an electronically sent transcript from the student's school are not acceptable.

**Your College/University Choice:** \_\_\_\_\_

(If applicable, include a copy of your college/ university acceptance letter.)

**Cost of tuition and mandatory fees for the school you will be attending:**

\_\_\_\_\_ (**Do not** include room and board, meal plans, or textbook/class expenses.)

**What is your desired course of study and your future plans?**

\_\_\_\_\_  
\_\_\_\_\_

## Student Income and the Amount Earned/Received:

Job/Employer: \_\_\_\_\_ Amount Earned: \_\_\_\_\_

Child Support: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Social Security Administration: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Department of Social Services: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Other Sources: \_\_\_\_\_ Amount Received: \_\_\_\_\_

If employed, does your employer contribute to your educational expenses? \_\_\_\_\_

If yes, what amount do you receive? \_\_\_\_\_

**Do you presently receive or have you applied or will you apply for financial aid?**

**Presently receiving:** \_\_\_\_\_ **Amount awarded:** \_\_\_\_\_

**Will apply or have applied:** \_\_\_\_\_ **List title(s) of Financial Aid:** \_\_\_\_\_

\_\_\_\_\_

**Letters of Recommendation:**

**1. Professor/Teacher** who is associated with the school where the applicant is presently attending and who has not previously written a recommendation for the applicant.

**2. Community representative** from a person who is not affiliated with the school in any capacity and who has not previously written a recommendation for the applicant.

**Parents’/Guardians’ Information**

**\*\*Applicant:** If you are financially independent of your parents/guardians, please give an explanation on the back of this sheet. Financially independent means that your parents/guardians do not financially support you with any of your daily expenses such as rent, food, clothing, educational expenses, transportation, etc.)

**Marital Status:** Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

**Number of dependents claimed on your most current tax return:** \_\_\_\_\_

**Number of children presently enrolled in college:** \_\_\_\_\_

**Father’s/Legal Guardian’s Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

If self-employed, state what you do as being self-employed to earn your income and state your income from your self-employment.

**Adjusted Gross Income on your most current tax return:** \_\_\_\_\_

**Other Sources of Income and the Amounts Earned/Received:**

Part-time Job: Amount Earned: \_\_\_\_\_

Social Security Administration: Amount Received: \_\_\_\_\_

Department of Social Services: Amount Received: \_\_\_\_\_

Retirement Benefits: Amount Received: \_\_\_\_\_

Other: (Unemployment benefits, Rental property income, Farm subsidies, etc.) \_\_\_\_\_

**Mother’s/Legal Guardian’s Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

If self-employed, state what you do as being self-employed to earn your income and state your income from your self-employment.

**Adjusted Gross Income on your most current tax return:** \_\_\_\_\_

**Other Sources of Income and the Amount Earned/Received:**

Part-time Job: Amount Earned: \_\_\_\_\_

Social Security Administration: Amount Received: \_\_\_\_\_

Department of Social Services: Amount Received: \_\_\_\_\_

Retirement Benefits: Amount Received: \_\_\_\_\_

Other Income: (Unemployment benefits, Rental property income, Farm subsidies, etc.) \_\_\_\_\_

**Total Family Income:** \_\_\_\_\_

Parent(s) and Student

**Pledge: (Parent's signature is required from high school applicants, optional parental signature for college students)**

**The information given on this application is trustworthy and truthful to the best of my knowledge.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

If awarded a scholarship, the monetary amount of your scholarship will be sent directly to the college of your choice as stated on this application. It is the intention of the Mecklenburg Scholarship Association that your scholarship award will be credited on your tuition statement prior to you receiving it for the upcoming school year. Therefore, the following **correct information** is needed to verify the distribution of your funds.

**This information can be found on your acceptance letter, in additional mailings from your college and/or on the website of your college. Your monetary scholarship amount will be divided with half of the amount for the Fall Semester and the other half of the amount for the Spring Semester.**

Your college student ID number: \_\_\_\_\_

The college Registrar's name: \_\_\_\_\_

The Registrar's Office address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Checklist for a Completed Application**

- \_\_\_\_\_ A copy of your acceptance letter.
- \_\_\_\_\_ An official sealed transcript from your high school guidance counselor or college registrar's office. (No computer generated or electronic transcripts accepted)
- \_\_\_\_\_ Two letters of recommendation. (teacher/professor and community representative who is not affiliated with the school)
- \_\_\_\_\_ Application mailed in a timely manner to ensure delivery by deadline date of April 15th.

**Applicants will be notified only if awarded a scholarship.**  
**Remember: You can apply for a scholarship from the MSA every year that you are in school seeking a degree. Updated and revised applications will be available in January of each school year.**