



## INTENT TO PARTICIPATE

\_\_\_\_ **YES!** My school district wants to be included in both Mississippi Scholars and Mississippi Scholars Tech Master programs.

\_\_\_\_ **No,** my school district does not choose to participate at the time.

School District: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Partner(s) \_\_\_\_\_

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Please return this form as soon as possible.

Vickie D. Powell, Senior Vice President of Foundation Programs  
Mississippi Economic Council  
P. O. Box 23276  
Jackson, MS 39225-3276  
Fax: (601) 353-0247  
Toll-Free Fax: 1-888-717-2809  
E-Mail: [vpowell@msmec.com](mailto:vpowell@msmec.com)