Community Foundation of Jackson County Scholarship Application

Applications must be received by August 19, 2024 in the office of your high school counselor.

Date	Please complete the application and print to submit. (Please print on one side only and no		
A. Personal Information	staples please)		
Name			
Home Address			
Phone	Email Address		
Date of Birth	Town & State of Birth		
Father's (or Guardian's) Name			
Father's Address			
Father's Job Title & Place of Employment ———			
Mother's (or Guardian's) Name			
Mother's Address			
Mother's Job Title & Place of Employment			
Other (such as foster care) Name			
Address			

B. Education

Date	rest c	مام ما	
	High S ————		
To what colleges do you plan to app	y?		
Planned Major ————————————————————————————————————			
Career Interests			
Will you graduate with a Core 40 cur	iculum?	Yes	No
Will you graduate with a Core 40 aca	demic honors diploma?	Yes	No
C. Activities			
participated in during your high scho			
participated in during your high scho received.			
participated in during your high scho received. D. Employment	ool years. Indicate your years	of participation, office	es held, and honors
participated in during your high school received. D. Employment List all your part time or full time jobs	ool years. Indicate your years	of participation, office	es held, and honors
participated in during your high school received. D. Employment List all your part time or full time jobs Are you currently employed?	yol years. Indicate your years of the number of the second to past, and the number of Yes	of participation, office	es held, and honors
participated in during your high schoreceived. D. Employment List all your part time or full time jobs Are you currently employed? Employer	yol years. Indicate your years of the number of the second the number of the second the	of participation, office mber of months at ea No	es held, and honors
On the School Activities and Commuparticipated in during your high school received. D. Employment List all your part time or full time jobs Are you currently employed? Employer Past Employment	yol years. Indicate your years of the number of the second the number of the second the	of participation, office mber of months at ea No How Long?	es held, and honors
participated in during your high schoreceived. D. Employment List all your part time or full time jobs Are you currently employed? Employer	yol years. Indicate your years of the number of the second the number of the second the	of participation, office mber of months at ea No How Long?	es held, and honors

E. Financial Resource

The analysis of financial resources available to help fund post-secondary education is one of the factors considered in the Community Foundation of Jackson County scholarship selection process. In an effort to assess the financial need of applicants, we require that all scholarship applicants complete the following.

- 1. Student savings and 529
- 2. Number of siblings

- 3. Age(s) of sibling(s)
- 4. Total number of family members, **including yourself**, who will be attending post-secondary school at least ½ time during the next academic year:
- 5. Attach a copy of the **FIRST AND SECOND PAGE FROM YOUR FAMILY'S MOST RECENT INCOME TAX RETURN** showing your **family's adjusted gross income**.

F. Application Procedure

The following check-off list will assist you in completing the application. Completed applications must be returned to your counselor's office no later than August 19, 2024. A completed application includes:

Application

First and second page of your family's most recent Income Tax Return

Scholarship Opportunity Sheet

School Activities and Community, Civic, and Church Activities Sheets

Signed below by applicant and parent or guardian

Incomplete applications will not be considered for scholarships through the Community Foundation of Jackson County.

An official high school transcript will be provided by your high school counselor.

In addition, two letters of recommendation are required, as follows:

- · A **maximum** of one from a teacher
- · One from an employer, pastor, or family friend

Letters of recommendation may be submitted with your application or mailed to:

Scholarship Committee Community Foundation of Jackson County P.O. Box 1231 Seymour, IN 47274

Please note: Recipients of scholarships administered by the Community Foundation of Jackson County will be notified of their award at their high school's honor day.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT

Cian shows of Amelia and	Date	
Signature of Applicant	·	
	Date	
Signature of parent or guardian		

G. ESSAY REQUIRED WITH EACH APPLICATION.

In 200 words or less, discuss one of the extracurricular activities in which you have been involved, emphasizing what you learned from this experience. The activity may be a paid or volunteer job, participation in a school club or sports team, or membership in a church organization. Please type the essay using your own thoughts in the space provided below. Please note that spelling, grammar and paragraph structure will be considered in essay scoring.