United States JCI Senate Foundation Scholarship Application

This package contains information and directions for applying to the United States JCI Senate Foundation Scholarship Program. Each year \$1,000 grants will be awarded to graduating high school seniors in the United States, who plan to continue their education at accredited post-secondary colleges, universities or vocational schools. The number of grants awarded annually will be at the discretion of the United States JCI Senate Foundation. They must be used for educational expenses in the first year of full-time study. Checks awarded will be made out in the name of the recipient and the educational institution of their choice.

Instructions for applying for the JCI Senate Foundation Scholarship

Please read the following points carefully. Failure to comply may be cause for disqualification.

- All submissions must be typewritten or printed.
- Included in this application package are all the necessary forms.
- Supporting documentation of your choice may follow each page as appropriate.
- Reference letters are limited to five (5) with a maximum length of one (1) page each.
- Your name must be on the top of each sheet in the package, along with a page numbering system that states "page ___ of ___."
- All materials MUST be submitted under one cover. Materials sent in multiple mailings will NOT be accepted.

•	 Your application must be postmarked no later than 	
---	---	--

Mail your application package to:

U.S. JCI Senate Foundation

Page

United States JCI Senate Foundation Scholarship Application

1a. Applicant Information					
Applicant name			Date	of application	
Applicant home address		Applicant e-mail address			
City	State	ZIP code	Phor	ne number	
Name of Applicant's High School	I		I		
Are you a U.S. Citizen (check one)					
Yes No					
1b. Parent or Guardian Information			Ol	-l. b :	:
Father's name			Che	ck here if father	is deceased
Father's home address		Occupation			
City	State	ZIP code	Phor	ne number	
Mother's name			Che	ck here if mothe	r is deceased
Mother's home address		Occupation			
City	State	ZIP code	Phoi	ne number	
Do you have a Step-parent or Guardian othe Yes No If YES, provide the following information Parent or Guardian name	r than your parents				
Home address		Occupation			
City	State	ZIP code	Phor	Phone number	
List in chronological order the names of your Name	brothers, sisters or other p	ersons dependent	upon your pare	ents for support Relationship	
Name of College or University you plan to at	end		I		
Address		City		State	ZIP code
Have you been accepted to this College or L Yes (If yes, attach copy of acceptance letter)		1		ı	ı

Page	of
ı auc	OI.

1c. Applicant's Financial Statement

The financial contribution of the applicant toward his own education is an important consideration in awarding this scholarship. The committee does not wish to penalize those students whose industry and careful planning have been a consideration in planning college attendance.

Income	
1. Savings to date	1. \$
2. Expected summer earnings	2. \$
3. Expected contribution from parents	3. \$
4. Earnings from part-time work	4. \$
 Money from other sources: Include gifts from friends, relatives, Education insurance, loans, other Scholarships, etc. 	5. \$
Total estimated income	\$
Expenses	
Tuition and incidental fees	1. \$
2. Room and board	2. \$
3. Books and supplies	3. \$
4. Clothing	4. \$
5. Incidental expense (travel, recreation)	5. \$
Total estimated expenses	\$
Explain any special personal family or financial situation you believe merits consideratio	n·
Explain any special personal family of financial situation you believe ments consideratio	11.

2. Leadership Positions and Offices
List by name and by year (9, 10, 11, 12) leadership positions and offices held, and the approximate time commitment each month for school, church, community and volunteer activities.
Example: Student Council President (12; 2.7 hours/month); Hospital Volunteer Coordinator (11, 12; 25 hours/month)
Yearbook Editor (12; 35 hours/month); Basketball Captain (12; 5 hours/month)
3. Memberships
List by name and by year memberships and other participation and the approximate time commitment each month for school, church,
community and volunteer activities.
Example: Basketball Team (9, 10, 11; 35 hours/month); Hospital volunteer (9, 10; 25 hours/month)
Cheerleader (11, 12; 20 hours/month); 4-H Club (9, 10, 11, 12; 8 hours/month)
4. Honors and Awards
List by name and by year the honors and awards you have received during high school.
Example: Hospital Volunteer of the Year (11); 4-H Gardener of the Year (11); Boys/Girls State (11); National Merit Scholar (12); National Honor Society (12)

				Page	of	
5. Employment						
List the names and addresses of emp Indicate whether you worked part-time				thly basis.		
6. References						
You may include up to five (5) letters References should be attached to this		ators, clergy, employers, and/o	or community leaders.			
7. Transcript						
A copy of your current high school tra	nscript MUST be includ	led.				
8. Personal Statement						
Write (type or print) a paragraph of 10 Included pertinent experiences, activities				ns for this o	choice.	
9. High School contact						
Fill in the following information comple	etely.					
Name of applicants High School		Principal's name	Principal's name			
Street address of High School						
City	State	ZIP code	Phone number			
Staple all pages together i	• •		<u> </u>			
Be sure you include all ref				_		
Each page of your applica Remember to sign the app			_).	
Send your completed application	n package to					
U.S. JCI Senate Foundation						