Jackson Center Education Foundation Scholarship Application

Name:
Month/Year of Graduation:
Parents/Guardian
Parents/Guardian Contact Information (email or phone)
To be filled out by Guidance Counselor:
Verification of G.P.A.
Based on school transcripts, this student has maintained at least a 2.5 grade point average
Cumulative GPA: English GPA
Signature of Guidance Counselor

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	Date:
Name:	Phone:
Address:	
Extracurricular Activities:	
Hobbies:	
Community Projects or Activities:	
Have you been accepted by a college or vocational	school?
At which school do you plan to continue your educa	tion?
College tuition per year \$	_
What do you plan to study in college or vocational s	chool?
How do you intend to finance your education?	
Personal Sta	tement
 Please answer the questions on the attached Two reference names of teachers must according transcripts 	• •
Reference Teacher's Signature	
Reference Teacher's Signature	

- All applications must be returned to the guidance office.
- If necessary, a personal interview will be arranged at a later date

Thank you for applying. You will receive a notice identifying the recipients of the Scholarship/Grant awards prior to the Jackson Center Education Foundation Banquet.

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Name:	: Date:	
Please answer the following questions in the space provided.		
1.	FINANCIAL AID - List financial aid (grants, scholarships, loans) you have received and the amount received.	
2.	LEADERSHIP – Why do you think you are a good leader? Include examples.	
3.	<u>ATTITUDE</u> - How would you describe your attitude toward education in high school? How will your attitude change in college?	
4.	MOTIVATION – What is the motivation for you to further your education?	
5.	CAREER GOALS – Explain your career goals.	