1. Complete the entire Scholarship Application by typing or printing all entries clearly. Remember to sign the application form. Applicant signature is required for consideration.

2. Attach a typed essay briefly describing your career goals. Please address how you’ve overcome and learned from the challenges you’ve faced. Include your career and educational goals, academic honors, community service and work experience. You should also include relevant information about your financial resources, to help the committee better understand your specific need for assistance. It is important to sign this essay indicating it as your own creation.

3. Attach a copy of your most recent academic transcript—whether previous or current high school (along with ACT scores) and/or college grades. NOTE: If your college transcript includes less than 20 credit hours of graded coursework, you must include your high school transcript (along with ACT scores) for scholarship consideration. If you have at least 20 JC academic credit hours with grades, we will add your JC transcript to your scholarship application for you.

4. Apply for federal student aid online at www.fafsa.gov; submit a copy of your 2019-2020 FAFSA confirmation page with this form.

5. Attach a Letter of Recommendation written on your behalf. Suggested source: Instructor, Employer, Pastor, Community Organization Supervisor. Excluded source; family member and/or peer.

6. Refer to the list below for other additional documents you may include for special consideration:

   • If you or an immediate family member is a military veteran, include a copy of the veteran’s DD214 and indicate your relationship to the veteran on the copy.

   • If you subscribe to the Jackson Citizen Patriot, include a letter from the newspaper verifying your subscription.

   • Nursing students who are Allegiance Health employees or immediate family members of Allegiance Health employees should include a recommendation letter from the hospital for the Allegiance Health A-D-N Scholarship.

   • Chemistry majors enrolling in sophomore level chemistry classes should include a recommendation letter from the JC Chemistry Department for consideration of the Schultz Scholarship.

   • The Velda Clute Nursing Scholarship, majoring in health services or a related field, preferably, geriatrics, and must be available to interview with the donor.
2019-2020 Jackson College Scholarship Application

This application form is used for consideration of Jackson College Foundation scholarships. PLEASE TYPE or print clearly:

• Name ___________________________ ___________________________ (Last) (First) (Middle Initial)

• Address: ________________________________________________________________
  (Street) ___________________________ ___________________________ (City)
  (State) ___________________________ (Zip Code)

• Telephone Number: ___________________________ • Are you a single parent? _____ Yes _____ No

• County of Residence: ___________________________ • Township of Residence: ___________________________

• Date of Birth: ___________________________ • LAST 4 Social Security #: ___________________________ • JC ID#: ___________________________ • JC GPA: ___________________________

• Have either of your parents graduated from college? _____ Yes _____ No

• Do you have any other family members attending JC for 2019-20? _____ Yes _____ No

• Do you have a high school diploma? _____ Yes _____ No • If No, do you have a GED _____ Yes
  High School Name ___________________________ Graduation date ___________________________
  HS GPA____________ ACT Composite____________

Anticipated College Major or Program of Study ___________________________

• Do you have a General Education Degree Certificate (GED)? _____ Yes _____ No Date Received ___________________________

• Have you previously attended a college other than JC? If so, please identify: ___________________________

• Have you graduated from a college or university? _____ Yes _____ No
  If yes, indicate the credential you earned: ___________________________ Graduation date: ___________________________

• Indicate your highest Educational Goal below:
  _____ Certificate  _____ Bachelor’s Degree  _____ Personal Interest only (no credential)
  _____ Associate Degree  _____ Master’s or Doctorate Degree

• Identify the JC Program (Transfer or Occupational) Credential and Academic Major you are currently pursuing:

  □ TRANSFER PROGRAM (choose one):  _____ Associate in Arts  _____ Associate in Science
    Academic major: ___________________________

  □ OCCUPATIONAL PROGRAM (choose one):  _____ Associate in Applied Science  _____ Certificate
    Academic major: ___________________________

If you are a Nursing or Allied Health student, have you been admitted to the clinical portion of your program? _____ Yes _____ No
If yes, what is your expected date of JC graduation? ___________________________

• Have you ever caddied at Jackson Country Club? _____ Yes _____ No

• Indicate the number of credit hours you plan to register for: □ Full-time (12+)
  □ three quarter-time (9-11)  □ half-time (6-8)

• Indicate the campus/center you attend for most of your JC classes:  _____ Hillsdale  _____ Jackson  _____ Lenawee

• Are you an athlete at JC? _____ Yes _____ No
• Do you plan to live on campus, in Campus View? _____ Yes _____ No

• Do you have a visual or hearing impairment, which is documented? _____ Yes _____ No

• Are you currently in foster care or did you grow up in foster care having never been adopted? _____ Yes _____ No
Please list all academic honors or awards you have received:

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List your volunteer activities:

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• Have you applied for other scholarships or student financial assistance? If yes, list all types applied for:

• When did you submit your 2016-17 FAFSA?  
  (Please submit a copy of your 2019-2020 FAFSA confirmation page.)

(Please submit a copy of your 2019-2020 FAFSA confirmation page.)

NOTE: Some JC scholarships use ‘financial need’ (as determined by the federal processing center) as a criterion for eligibility. Therefore, the college must know your eligibility for federal student aid before considering you for those options. If a copy of your FAFSA confirmation page is not available with this application form at the time of the Scholarship Allocation Committee meeting, you cannot be considered for assistance from these funds.

REMEMBER:
1. Completely fill out this Scholarship Application by typing or printing all entries clearly.
2. Attach a typed essay briefly explaining your educational goals, academic honors, life experience, and community service.
3. Attach a copy of your most recent grade transcript. See cover sheet #3 for definition and details.
4. Include a copy of your 2019-2020 academic year FAFSA confirmation page.
5. Include a Letter of Recommendation. See cover sheet #5 for additional details.
6. Refer to the attached cover—Student Responsibilities Sheet—for other optional documents you may wish to include for consideration.
7. Submit completed application materials together to the Jackson College Foundation office before the deadline:

PLEASE READ CAREFULLY. Your signature below indicates you agree with the following statements:

I certify the answers provided on this application form are complete and accurate and that I composed the essay myself. I understand that the contents of my scholarship application, including all supporting documents and any relevant financial aid information, may be shared with the JC Scholarship Allocation Committee and/or the fund’s donor or representative. I authorize the Jackson College Foundation Scholarship Committee and/or the fund’s donor or representative to review my academic and financial aid files for the purpose of determining scholarship eligibility.

If selected for a scholarship, I authorize release of my name, address, college program and other information on this form to the media for publicizing the award offer. Additionally, if I am a high school senior, I authorize an information release to my high school administrators.

I also agree to contact a selected individual or organization to acknowledge receipt and express appreciation for scholarship assistance.

PLEASE NOTE: Recipients will be invited, and are expected to attend a group luncheon with scholarship donors.

Some scholarships require community service, specific course sections be enrolled and/or presentation at certain association meetings. If restrictions apply to an award you are offered, you will be notified when awarded.

Applicant Signature: __________________________ Date: ____________

APPLICANT SIGNATURE IS REQUIRED FOR CONSIDERATION