

# Jackson Evening Optimist Club Scholarship Application

## I. Personal Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Local Phone Number: \_\_\_\_\_  
Last First MI

Local Address: \_\_\_\_\_  
Street City State Zip

Home Address: \_\_\_\_\_  
Street City State Zip

## II. Educational Experience

Name of High School and College	Address	Years Attended
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_____	_____	_____
_____	_____	_____

Check One:  Graduate Student  Undergraduate Student  Transfer Student GPA: \_\_\_\_\_

College Major: \_\_\_\_\_ Hours Completed: \_\_\_\_\_ as of \_\_\_\_\_

College Degree: \_\_\_\_\_ Hours Presently Enrolled In: \_\_\_\_\_

## III. Honors, Awards, and Extracurricular Activities

List your most important honors, awards, and extracurricular activities and indicate any offices held.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## IV. Family Income Information and Personal Resources

Name	Address	Occupation	Previous Years Income
Father/Guardian _____	_____	_____	_____
Mother/Guardian _____	_____	_____	_____
Spouse _____	_____	_____	_____
Self _____	_____	_____	_____

How many people are dependent on the above income? \_\_\_\_\_

Will there be any changes in the above incomes? \_\_\_\_\_ Explain: \_\_\_\_\_

Are you currently working? \_\_\_\_\_ Hours per week: \_\_\_\_\_ Earnings per week: \$ \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Describe any other pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing your financial need for the scholarship requested: \_\_\_\_\_

## V. Financial Aid

Are you currently receiving financial aid through the University or any other source? \_\_\_\_\_

If yes, list the aid which you are receiving, the amount, and the award period.

Pell Grant \_\_\_\_\_ Veteran's Benefits \_\_\_\_\_

AFDC/TANF \_\_\_\_\_ Other Scholarships \_\_\_\_\_

## VI. Certification

By signing this application, I certify that the information provided is correct. I also give Student Financial Services at Southeast Missouri State University permission to forward my completed application and the results of my Free Application for Federal Student Aid (FAFSA) to the scholarship committee for review.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Scholarship Application Deadline is March 1<sup>st</sup>.**