



## Scholarship Application Packet

### **Application Packet Contents:**

- Printed Version of eGRANT Application
- Certification Page and List of Required Attachments
- JCF Financial Information Questionnaire

### **Application Tips**

- Remember to complete the attached Financial Information Questionnaire
- Remember to include all requested *attachments*. Items requested from other sources (transcripts, recommendations, etc.) must accompany your application unless otherwise stated. **Incomplete applications will not be accepted.**
- Remember to sign the certification page.

**For additional tips on filling out a scholarship application and writing an essay, visit our website at [www.jacksoncf.org](http://www.jacksoncf.org) and click on the Scholarships Link.**

**Applications should be submitted online via eGRANT by midnight of April 1, 2006**

**The printed version of this application must be submitted by April 7, 2006 to:**

The Jackson County Community Foundation  
Attn. Scholarship Applications  
One Jackson Square, Suite 110-A  
Jackson, MI 49201-1406

**If you have any questions or need assistance with the scholarship application process, please call the Community Foundation at (517) 787-1321.**

Last Four Digits of Your Social Security Number:

Please visit our website for detailed information about all [available scholarships](#). Then, please choose the scholarship(s) you are applying below.

- |  |  |
|--|--|
| Dennis J. Beck Memorial Scholarship <input type="checkbox"/>                                 | Dorothy and Dick Burgess Scholarship <input type="checkbox"/>                    |
| James M. and Helen M. Crowley Scholarship <input type="checkbox"/>                           | Stacy Lynn Davis Scholarship <input type="checkbox"/>                            |
| Janet C. Rochefort Scholarship for Single Moms <input type="checkbox"/>                      | Bob and Dawn Hardy Automotive Scholarship <input type="checkbox"/>               |
| Dennis J. Beck Memorial Scholarship <input type="checkbox"/>                                 | Melissa Eleanor Ernest Scholarship <input type="checkbox"/>                      |
| Martha & Oliver Hansen Memorial Scholarship <input type="checkbox"/>                         | June Danby and Pat Pearse Education Scholarship <input type="checkbox"/>         |
| The John and Marion Selby Engineering Scholarship <input type="checkbox"/>                   | The Eileen J. Smith, R.N. Memorial Scholarship <input type="checkbox"/>          |
| Paul Tejada Memorial Scholarship <input type="checkbox"/>                                    | Sue Walicki Nursing Scholarship <input type="checkbox"/>                         |
| The Eleanor A. Ernest Scholarship <input type="checkbox"/>                                   | Robert P. Ernest Scholarship <input type="checkbox"/>                            |
| William and Beatrice Kavanaugh Scholarship (Grass Lake High School) <input type="checkbox"/> | Hanover-Horton High School Youth of Promise Scholarship <input type="checkbox"/> |
| Phillip Guy Richardson Memorial Scholarship (Napoleon High School) <input type="checkbox"/>  | Faith Speckhard Scholarship (Jackson High School) <input type="checkbox"/>       |
| Barbara and Howard Thompson Scholarship (Jackson High School) <input type="checkbox"/>       | ADCO Founders Scholarship <input type="checkbox"/>                               |
| Auxiliary of Foote Hospital Employee Scholarship <input type="checkbox"/>                    | General Products Scholarship <input type="checkbox"/>                            |
| MACI Scholarship <input type="checkbox"/>  | Bernice Barabash Sports Scholarship (Hockey) <i>see details on page 9.</i>       |
| <input type="checkbox"/>   |  |

Last Four Digits of Your Social Security Number:

**APPLICANT INFORMATION**

First Name:  Middle:  Last:

Permanent Address:  Apt. #:

City:  State:  Zip:

E-mail:

Phone Number:  Date of Birth:

Date you began living in Jackson County on a permanent basis:

**FAMILY INFORMATION**

Father/Stepfather/Guardian Name:

Address:  Apt. #:

City:  State:  Zip:  Home Phone:

Occupation:

Place of Employment:

Mother/Stepmother/Guardian Name:

Address:  Apt. #:

City:  State:  Zip:  Home Phone:

Occupation:

Place of Employment:

List name(s) and age(s) of siblings living in same household, as well as the schools they attend:

- Check if Applicable:  Father Deceased  Mother Deceased  
 Parents Separated  Parents Divorced

Last Four Digits of Your Social Security Number:

**ACADEMIC AND EXTRACURRICULAR ACTIVITIES**

Please list school, extracurricular, community, and religious activities in which you have participated during the past 3 years. Include such activities as clubs, debate, athletic activities, fine arts, volunteer work, youth programs, music, scouting etc. Please be specific. **NOTE:** If you are re-applying for a scholarship that you previously received, you must list NEW activities you have participated in during the past year.

In your response, please include a description of: 1) the activity; 2) the approximate number of years you participated; 3) the time spent participating (hours per week or weeks per year); and 4) any leadership positions held, letters earned, awards received, and/or other recognitions received for your participation.

Last Four Digits Of Your Social Security Number:

**WORK EXPERIENCE**

Please describe any paid work experience (including self-employment) you have had. Include summer employment, as well as employment during the school year. Start with your most recent work experience.

In your response, please include a description of: 1) your employers name; 2) the nature of your work (include supervisory positions); and 3) dates of employment and hours per week.

Last Four Digits Of Your Social Security Number:

**ACADEMIC INFORMATION**

High School Information

Name of High School:  Grad. Date:

Grade Point Average:  SAT:  ACT:

Class Rank at Graduation:  out of class of:  (enter zero if not applicable)

College/University Information

Name of the college/university:

Currently attending or plan to attend?:

What type of college are you attending/do you plan to attend:

College Grade Point Average:

Will you be a full-time or part-time student in the coming academic year?

If you are planning to be a part-time student, how many   
Credit hours are you planning to take?

Declared field of study:

When do you anticipate receiving your undergraduate degree?

Do you anticipate attending graduate school?

Are you the recipient of a CARE scholarship from Jackson Community College?

**ADDITIONAL INFORMATION:** Below, please report any additional information or factors you believe should be considered by the Scholarship Committee when reviewing your application. (Examples could include: economic hardships your family has faced recently; or circumstances that will make attendance or tuition at a college or university difficult.)

Last Four Digits Of Your Social Security Number:

What scholarships (include amounts) have you received from The Jackson County Community Foundation in the past?

What other scholarships (include amounts) have you already received for next academic year?

What other scholarships (include amounts) have you applied for?

Last Four Digits Of Your Social Security Number:

**ASPIRATIONS & GOALS:**

Please provide an original essay that addresses each question below.

1.  How will your academic success relate to your personal and career goals?
2.  This scholarship is made possible as a result of the philanthropic generosity of an individual, a family, or a group of citizens. How do you intend to incorporate philanthropy in your life during and beyond your academic career?



Last Four Digits Of Your Social Security Number:

**CERTIFICATION:**

I hereby affirm that the information provided on this application form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**ATTACHMENTS:**

**Please ensure that you print the complete scholarship application, sign it, include all attachments, and mail the complete package to:**

**Mail to:  
JCF Scholarships  
Jackson County Community Foundation  
One Jackson Square, Suite 110-A  
Jackson, MI 49201-1406**

**For High School Graduating Seniors and those beginning an Undergraduate Degree program:**

- High School Transcript that includes ACT or SAT scores. This is due April 7, 2006.
- Copy of Acceptance Letter from a college, university, vocational, technical, or commercial art institute you plan to attend. This is due April 7, 2006.
- Two Letters of Recommendation. Letter from family members will not be accepted. One letter may be from a school related person. (This person may be a teacher, administrator, or counselor. Note, you should choose someone that knows you and who can write about your character, performance, and personal attributes.) This is due April 7, 2006.
- **Important! Print the Financial Information Form**, ensure that the top portion is complete, and then send directly to the Financial Aid Officer at the institution where you sent your FAFSA summary. The Financial Information Form can be sent to the Jackson County Community Foundation separately, and may come directly from the Financial Aid Officer. You are responsible for communicating the due date with the Financial Aid Officer. This is due by April 15, 2006.

**For Current Post-Secondary Students or Returning Post-Secondary Students:**

- Most recent post-secondary transcript. This is due April 7, 2006.
- Two Letters of Recommendation. Letter from family members will not be accepted. One letter may be from a school related person. (This person may be a teacher, administrator, or counselor. Note, you should choose someone that knows you and who can write about your character, performance, and personal attributes.) This is due April 7, 2006.
- **Important! Print the Financial Information Form**, ensure that the top portion is complete, and then send directly to the Financial Aid Officer at the institution where you sent your FAFSA summary. The Financial Information Form can be sent to the Jackson County Community Foundation separately, and may come directly from the Financial Aid Officer. You are responsible for communicating the due date with the Financial Aid Officer. This is due by April 15, 2006.

**NOTE:** If you are applying for the **Dorothy and Dick Burgess Scholarship** Please download the [Scholarship Recommendation Forms](#) from our website and follow the directions for submission of them with the Letters of Recommendation. Also, download the [Academic Information Form](#) and follow the directions for submission of this form.

**General Scholarship  
Financial Information Form – 2006-2007 Academic Year**



**Jackson County**  
community foundation  
For Good. For Ever.™

Financial Information (read instructions carefully): Complete the top section and submit this *Financial Information Form* to the Financial Aid office of your **first-choice academic institution**. Ask them to complete the form and return it to the Jackson County Community Foundation. The Financial Information Form is due from the Financial Aid Officer by April 15. **Please allow a minimum of two weeks before the application deadline for the Financial Aid office to provide this information.** It is your responsibility to follow up with the college financial aid office to ensure that the Jackson County Community Foundation receives the information by April 15. Your application will not be considered complete until the Foundation has received the Financial Information Form.

**Applicant Information (to be completed by student)**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Social Security Number XXX-XX-\_\_\_\_\_  
Date of birth \_\_\_\_\_  
(last 4 digits only)

**Authorization to Release Information:**

I authorize (name of college/university) \_\_\_\_\_ to provide a representative of the Jackson County Community Foundation with my enrollment status, transcript, or financial information for consideration during the scholarship selection process.

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

Parent (or Guardian) Signature: \_\_\_\_\_  
(both signatures required for student with Dependent status)

**\*\*\*Applicant Stop Here—Send the entire page to your Financial Aid Office\*\***

**INFORMATION BELOW MUST BE COMPLETED BY A FINANCIAL AID OFFICER**

To the Financial Aid Officer: Estimated financial aid information for new students and prior year information for returning students is acceptable.

Applicant is considered (check one):

Independent  Dependent  
Adj. gross annual income: \$ \_\_\_\_\_ Parent & Student adj. gross annual income: \$ \_\_\_\_\_

Total dependents other than spouse: \_\_\_\_\_ Total size of parent's household, including applicant: \_\_\_\_\_

**Assessed Need** based on:  2006-2007 FAFSA  Previous year's FAFSA

**Anticipated Expenses** \$ \_\_\_\_\_

Total Student Expense Budget based on attendance:  Full-time  Half time or less

**Anticipated Resources**

Family Contribution (EFC from SAR) \$ \_\_\_\_\_  
Scholarships and Grants \$ \_\_\_\_\_  
Other Resources (do not include loans) \$ \_\_\_\_\_

**Total Resources** \$ \_\_\_\_\_

**Assessed Need** (Expenses Less Resources) \$ \_\_\_\_\_

**Financial Aid Official**

Receiving a grant  will adversely affect the applicant's eligibility for other grants other than subsidized loans  
 will not

Signature \_\_\_\_\_ Title \_\_\_\_\_  
College \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mail or fax completed form by April 15 to:  
**The Jackson County Community Foundation, One Jackson Square, Suite 110-A, Jackson, Michigan 49201-1406**  
Fax: (517) 787-4333. Contact Jan Maino at the Community Foudation (517) 787-1321 if you have any questions