

# Jackson County Women's Club Scholarship Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Parent(s) Name (s) \_\_\_\_\_

Father Employed By \_\_\_\_\_ Position \_\_\_\_\_

Mother Employed By \_\_\_\_\_ Position \_\_\_\_\_

Number of Siblings at home \_\_\_\_\_

How many siblings are currently attending a post-secondary program? \_\_\_\_\_

How many persons are dependent upon your parent (s) for support, including yourself? \_\_\_\_\_

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ GPA \_\_\_\_\_

Name of College/Vocational School you plan to attend \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Tuition for current year \_\_\_\_\_

Room and board expenses for the year \_\_\_\_\_

Anticipated cost for books and supplies \_\_\_\_\_

Total estimated cost for one year \_\_\_\_\_

Degree/Certification you plan to pursue \_\_\_\_\_

Years required to complete this program \_\_\_\_\_

**Please attach a resume which includes work experience/high school honors/activities/community service**

**Essay Prompt: Why have you selected to pursue this field of study?**

The information contained herein is true and accurate to the best of my knowledge. I further give the committee consent to verify or confirm this info which I have listed above.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_