

# 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\_\_\_\_\_