

Scholarship Application Form

The association awards scholarships annually to graduates of Jefferson County High Schools who wish to pursue a career in education or service.

Part I – Basic Information – (applicant must complete in own hand writing)

Name of Applicant _____

High School _____

Home Address _____

City _____ Zip _____

Home Telephone _____ Date of Birth _____

Parent(s) Name _____

Parent(s) Address _____

Parent(s) Occupation _____

Parent(s) Place of Employment _____

Number of Dependents of Parent(s) _____

College/University Planning to Attend _____

College Major _____

Have you applied for a Pell grant? _____

Please state family income based upon income tax figures \$ _____

Do you plan to teach grades Kindergarten through 12 after graduating from college? State grade and/or subject matter preference. _____

List activities in which you have been involved illustrative of your interest in children/youth.

For what other scholarships have you applied? Place an asterisk (*) by any which you have received and indicate the amount.

Signature of Association Representative

Date

Signature of Counselor

Date