## United States JCI Senate Foundation Scholarship Application

**Eligibility:** Graduating high school seniors in the United States, where that state has an active JCI Senate program (see <a href="www.usjcisenate.org">www.usjcisenate.org</a> [under scholarship tab] for a listing of eligible states). You must be a U.S. citizen to apply for this scholarship.

This package contains information and directions for applying to the United States JCI Senate Foundation Scholarship Program. Each year (April) \$1,500 grants will be awarded to graduating high school seniors in the United States, who plan to continue their education at accredited post-secondary colleges, or universities within the United States. The number of grants awarded annually will be at the discretion of the United States JCI Senate Foundation. The monies must be used for educational expenses in the first year of full-time study. Checks awarded will be made out in the name of the recipient and the educational institution of their choice.

#### Instructions for applying for the US JCI Senate Foundation Scholarship

Please read the following points carefully. Failure to comply will be cause for disqualification.

- 1. Submission preference will be in a Microsoft Word compatible format. Typed or neatly hand printed (blue or black ink only) submission will also be accepted. DO NOT DUPLEX YOUR APPLICATION. USE ONLY SINGLE SHEETS.
- 2. Included in this application package are all the necessary forms. Your application packet pages must be submitted in order as listed below. Failure to comply will be cause for disqualification.
  - Student Check List
  - Wallet size photo taped to a sheet of blank paper see #14
  - Applicant Information
  - High School Contacts
  - College Information
  - Parent or Guardian Information
  - Financial Statement
  - School & Community Involvement
  - Personal Statement (300 to 500 words) see #3
  - College or University Acceptance Letter (if applicable)
  - Supporting documentation of your choice (awards, certificates, articles, pictures, etc).
    - o Limit three (3) sheets
  - Reference Letters 3 see #4
  - Signature see #6
  - Transcripts (grades and state / national test scores) see #5
- 3. Your personal statement is limited to 500 words. Any more than 500 words will not be judged.
- **4**. Reference letters are limited to three (3) letters with a maximum length of one (1) page (one side only) each.
- **5**. Your school transcript should be the very last attachment to your application package. Any student with a GPA of 3.75 and above will be considered for the grant. YOUR ACT / SAT NATIONAL TEST SCORES SHOULD BE INCLUDED IF YOU HAVE THEM. **Note:** While the ACT / SAT scores are not mandatory Extra judging points will be awarded for the test scores.
- **6.** Sign the bottom of the Personal Statement section.
- **7.** Your name must be on the top right corner of each sheet in the package, along with a page number. When using a MS-Word compatible editor, enter you name in the 'Header' section.
- 8. Each student must have an active, working email address listed. PLEASE PRINT.
- **9**. All materials **MUST** be submitted under one cover. Materials sent in multiple mailings will **NOT** be accepted.
- **10.** Your application must be postmarked no later than **January 19**, **2024** to the State Scholarship Chairman listed under your state.
- 11. NO electronic submissions will be accepted.

- **12.** Do not include these first two pages of instructions in your reply.
- **13.** Your application will be evaluated by persons outside of your area so **do not** use acronyms for items such as clubs, programs, events, or awards where they are not national programs. Where the name of the item is not self explanatory, include a description. Example: REACH or J. Doe Memorial Award, should include a description such as: St. Thomas Methodist REACH program to feed the homeless, J. Doe Memorial Award for Top Female Tennis player.
- **14.** You must include a 2.0 X 3.0-inch head shot photograph for use in our National publications. This photo should be taped to a white sheet of paper with your name and state on the page under the photo. By signing the application, you agree that your name and photo may be used as part of the public relations of the US JCI Senate, the US JCI Senate Foundation and their affiliates such as the associated state programs.

#### 15.To submit your application package:

Refer to the website <a href="www.usjcisenate.org">www.usjcisenate.org</a> under the scholarship section. Locate the state where you live and submit your application to the state chairman. The due date is <a href="postmarked January 19">postmarked January 19</a>, 2024. If your state is not listed, you are not eligible. Do not submit the application to any address on the web page except those under the <a href="State Scholarship listing section">State Scholarship listing section</a> (packages submitted to the wrong address will not be forwarded).

16. No electronic submissions will be accepted.

### United States JCI Senate Foundation Scholarship Application

| 1. Applicant Information   |             |          |                          |                |                                  |                         |   |
|--|-------------|----------|--------------------------|----------------|----------------------------------|-------------------------|---|
| Applicant Name   |             |          |                          |                | Date of Application              |                         |   |
| Applicant Home Address   |             |          | Applicant e-mail address |                |                                  |                         |   |
| City   | State       |          | Zip Code                 |                | Phone Number                     |                         |   |
| Are you a U.S. Citizen (check one)   | Yes No      |          | <u>.l</u>                |                |                                  |                         |   |
| 2. High School Information   |             |          |                          |                |                                  |                         |   |
| Name of applicants High School   |             |          |                          | Counselor Name |                                  |                         |   |
| Address & City   |             | State    |                          | Zip Code       |                                  | Phone Number            |   |
| High School E-mail contact (name and   | d position) | <u> </u> |                          |                |                                  |                         |   |
| 3. School Information  Name of College or University you plan to attend  Address City State Zip Code |             |          | le                       |                |                                  |                         |   |
| Have you been accepted to this College Yes (if yes, attach copy of accepta                           |             | lo       |                          |                |                                  |                         |   |
| 4. Parent or Guardian Informatio   | n           |          |                          |                |                                  |                         |   |
| Father's Name  |             |          |                          |                | Check here if father is deceased |                         |   |
| Father's Home Address  |             |          |                          |                | Occupation                       |                         |   |
| City State   |             |          | Zip Code                 | Phone Nu       |                                  | mber                    |   |
| Mother's Name  |             |          |                          |                | Check her                        | e if mother is deceased |   |
| Mother's Home Address  |             |          |                          |                | Occupation                       | n                       | C |
| City State Zip Co  |             | Zip Code |                          | Phone Number   |                                  |                         |   |

| D               | Charles Demand and Construction with an allowed by the second  | Пус                  | a D Na             |                 |                 |                |
|-----------------|--|----------------------|--------------------|-----------------|-----------------|----------------|
|                 | a Step-Parent or Guardian other than your Parents: e the following information                               | Yes                  | s 🗌 No             |                 |                 |                |
|                 | r Guardian Name  |                      |                    |                 |                 |                |
| ·               |  |                      |                    |                 |                 |                |
| Home Address    | S  |                      |                    |                 | Occupation      |                |
| 7.0             |  |                      |                    |                 | Собиранон       |                |
| City            |  |                      | State              |                 | Zip Code        | Phone Numbe    |
|                 |  |                      |                    |                 |                 |                |
| List in chronol | logical order the names of your brothers, sisters or o   | other pe             | ersons dependent   | upon your pa    | rents for supp  | oort           |
|                 | Name   |                      |                    |                 | Age             | Relationship   |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
| 5. Applican     | t's Financial Statement Information  |                      |                    |                 |                 |                |
|                 | contribution of the applicant toward their own educa   | ation is a           | an important cons  | sideration in a | warding this s  | cholarship.    |
| The committee   | e does not wish to penalize those students whose in<br>lance. This budget is to assist the committee in your | ndustry              | and careful plann  | ing have beer   | n a considerati | on in planning |
|                 | d be based on your first year of education. Your bud   |                      |                    |                 | ii your educati | on. me         |
| Income          |  |                      |                    |                 |                 |                |
|                 | 1. Savings to date   | 1.                   | ·                  |                 |                 |                |
|                 | 2. Expected scholarship awards   | 2.                   |                    |                 |                 |                |
|                 | 3. Expected contribution from parents  | 3.                   |                    |                 |                 |                |
|                 | 4. Earnings from part-time work  | 4.                   |                    |                 |                 |                |
|                 | 5. Money from other sources:   | <br>5.               |                    |                 |                 |                |
|                 | Include gifts from friends, relatives  |                      |                    |                 |                 |                |
|                 | Education insurance, loans, etc. Total Estimated Incon   |                      |                    | <del></del>     |                 |                |
|                 | Total Estimated meon   |                      |                    |                 |                 |                |
| Expenses        |  |                      |                    |                 |                 | _              |
|                 | 1. Tuition and Incidental Fees   | 1.                   |                    |                 |                 |                |
|                 | 2. Room and Board  | 2.                   |                    |                 |                 |                |
|                 | 3. Books and Supplies  | 3.                   |                    |                 |                 |                |
|                 | 4. Clothing  | 4.                   | -                  |                 |                 |                |
|                 | 5. Incidental Expenses (Travel, Recreation)  | —— <sup></sup><br>5. | <del></del>        |                 |                 |                |
|                 | Total Estimated Expense  |                      |                    |                 |                 |                |
|                 | Total Estimated Expens   |                      | -                  |                 |                 |                |
| Evolain any     | special personal family or financial situation yo  | ou beli              | ave merits cons    | ideration:      |                 |                |
| Explain any     | special personal ranning or innarious situation ye   | <u> </u>             | 200 11101113 00113 | 14014110111     |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 |  |                      |                    |                 |                 |                |
|                 | · · · · · · · · · · · · · · · · · · ·  |                      |                    |                 | <u>-</u>        |                |
|                 |  |                      |                    |                 |                 |                |

| 6         | School and Community Involvement  |
|-----------|---|
|           |   |
| Exp       | plain your involvement in school and community activities. Include any organization offices, awards, events or projects and how |
| you       | ur involvement made an impact on each and how your involvement has helped you in determining your future education.             |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| -         | Francoura   |
| <u>/.</u> | Employment  |
|           | Using an outline format or spreadsheet list your job, names of employers (including family business or self-employment), job    |
|           | duties, type of job (occasional, part-time, full-time, summer work, etc.) and pay you received, if any. Include how this job    |
|           | assisted you in preparing for your future education.  |
|           | assisted you in preparing for your ruture education.  |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |

| 8. Personal Statement   |                             |  |
|---|-----------------------------|--|
| Complete a statement of 300 to 500 words maximum, indicating your chosen field of study. State your how this scholarship will impact your future. Include pertinent experiences, activities and accomplishme additional sheet behind this page with your statement.               |                             |  |
|   |                             |  |
| Sections 9-11 shows the order to list your attached documents. Ensure to sign section 12  |                             |  |
| 09. College or University Acceptance letter (if applicable)   |                             |  |
| 10. Supporting documentation of your choice (maximum of three (3) documents)  |                             |  |
| 11. Reference Letters   |                             |  |
| You may include three (3) letters of reference from educators, clergy, employers, and/or community lea from an educator. References should be attached to this application.   | ders. At least one must be  |  |
| 12. Signature   |                             |  |
| I certify that the facts contained in this scholarship application are true and correct. The United S Foundation is hereby authorized to verify any information contained in this application. I underst of misrepresentation will result in disqualification.                    |                             |  |
| Signature of applicant  | Date Signed                 |  |
|   |                             |  |
| Email address:  |                             |  |
| 13. Transcripts   |                             |  |
| A copy of your current high school transcript MUST be included. This MUST include class scores and scores if you have them. If you are taking college classes, include those as well.   | d should include state test |  |
| Staple all pages together in the upper left-hand corner.  Be sure you include all references and other attachments.  Each page of your application MUST list your name and list the page number in the upper right-hand corner.  Remember to sign the application package (above) |                             |  |
| Check the website: <a href="www.usjcisenate.org">www.usjcisenate.org</a> to find the state chairman where you application.  | ı submit your               |  |

Form: Scholar-2022-2023

# US JCI SENATE FOUNDATION Student Application Check List

This check list page is a reminder for you, the applicant, to be sure you have included everything needed to complete your application before submission. Either initial or mark each line item after completing. Please sign the bottom of this form and include it in your application packet as the cover sheet.

|               | 2.0" x 3.0" photo taped to white sheet of paper<br>Name and state listed under photo           |
|---------------|--|
|               | Completed application form Typed or neatly written Print on only one side of paper             |
|               | Name and page number listed on top right corner of each page                                   |
|               | High school contact person / Name AND email address  |
|               | Personal email   |
|               | Completed financial statement Including all grants, scholarships, income & expenses expected   |
|               | Personal Statement / Not to exceed 500 words   |
|               | Copy of school acceptance letter   |
|               | Supporting Documentation / Maximum three (3) sheets  |
|               | Reference letters attached / Maximum three (3) each Letters to be one page / one side of paper |
|               | School transcript attached as last page of application packet                                  |
|               | ACT / SAT national test score attached, if available / applicable                              |
|               | Signed the application   |
|               |  |
| Student Signa | nture  |