

UNITED STATES JCI SENATE FOUNDATION **SCHOLARSHIP PROGRAM**

This package contains information and directions for applying to the United States JCI Senate Foundation Scholarship Program. Each year \$1,000 grants will be awarded to graduating high school seniors in the United States, who plan to continue their education at accredited post-secondary colleges, universities or vocational schools. The number of grants awarded annually will be at the discretion of the United States JCI Senate Foundation. They 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

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

- All submissions must be typewritten or printed.
- Included in this application package are all the necessary forms.
- Supporting documentation of your choice may follow each page as appropriate.
- Reference letters are limited to five (5) with a maximum length of one (1) page each.
- Your name must be on the top of each sheet in the package, along with a page numbering system that states “page __ of __.”
- All materials **MUST** be submitted under one cover. Materials sent in multiple mailings will **NOT** be accepted.
- Your application must be postmarked no later than January 2, 2009.
- **Mail to:**
John R. Thurman #67002
2144 E. Laurel
Joplin, MO 64801
Telephone: 417-499-5074
Email: scholarships@mojcisenate.org

UNITED STATES JUNIOR CHAMBER INTERNATIONAL SENATE FOUNDATION

I. SCHOLARSHIP APPLICATION

1. Name of applicant _____ Date _____
2. High school _____
3. Home street address _____
City _____ State _____ Zip _____ Phone _____
4. Student's e-mail address _____

General Information

1. Father's Name _____ Check if deceased _____
2. Home address _____ Occupation _____
3. Mother's name _____ Check if deceased _____
4. Home address _____ Occupation _____
5. Do you have a Step-parent or Guardian other than your parents? _____
6. If so, what is their name and address? _____

7. List in chronological order the names of your brothers, sisters or other persons dependent upon your parents for support:

| Name | Age | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

College/University you plan to attend:

Name _____

Address _____

Have you been accepted? YES _____ NO _____

If yes, attach copy of acceptance letter.

Applicant's Financial Statement

The financial contribution of the applicant toward his own education is an important consideration in awarding this scholarship. The committee does not wish to penalize those students whose industry and careful planning have been a consideration in planning college attendance.

INCOME :

- 1. Savings to date \$ _____
 - 2. Expected summer earnings \$ _____
 - 3. Expected contribution from parents \$ _____
 - 4. Earnings from part-time work \$ _____
 - 5. Money from other sources: \$ _____
 Include gifts from friends, relatives,
 Education insurance, loans, other
 Scholarships, etc.
- TOTAL ESTIMATED INCOME \$ _____

EXPENDITURES :

- 1. Tuition and incidental fees \$ _____
 - 2. Board and room \$ _____
 - 3. Books and supplies \$ _____
 - 4. Clothing \$ _____
 - 5. Incidental expense (travel, recreation) \$ _____
- TOTAL ESTIMATED EXPENSES \$ _____

Explain any special personal family or financial situation you believe merits consideration:

II. Leadership Positions and Offices

List by name and by year (9, 10, 11, 12) leadership positions and offices held, and the approximate time commitment each month for school, church, community and volunteer activities.

Example:

| | |
|--|-------|
| Student council President (12; 2.7 hours/month) | _____ |
| Hospital volunteer (11, 12 ; 25 hours/month) | _____ |
| Yearbook editor (12; 35 hours/month) | _____ |
| Basketball captain (12; 5 hours/month) | _____ |

III. Memberships

List by name and by year memberships and other participation and the approximate time commitment each month for school, church, community and volunteer activities.

Example:

| | |
|--|-------|
| Basketball (9, 10, 11; 35 hours/month) | _____ |
| Hospital volunteer (9, 10; 25 hours/month) | _____ |
| Cheerleader (11, 12; 20 hours/month) | _____ |
| 4-H (9, 10, 11, 12; 8 hours/month) | _____ |

IV. Honors and Awards

List by name and by year the honors and awards you have received during high school.

Example:

| | |
|-------------------------------------|-------|
| Hospital Volunteer of the Year (11) | _____ |
| County 4-H Leader (11) | _____ |
| Boys/Girls State (11) | _____ |
| National Merit Scholar (12) | _____ |
| National Honor Society (12) | _____ |

V. Employment

List the names and addresses of employers, including family business or self-employment. Indicate whether part-time, summer, full-time, with the hours you worked.

VI. References

You may include up to five (5) letters of reference from educators, clergy, employers, and/or community leaders.

VII. Transcript

A copy of your current high school transcript **MUST** be included.

VIII. Personal Statement

Write (type or print) a paragraph of 100 to 300 words, indicating your chosen field of college study. State your reasons for this choice. Included pertinent experiences, activities and accomplishments. This will be the final page of your application.

IX. Staple all sheets together, at the upper left hand corner.

X. School contact

Fill in the following information completely:

_____ name of high school

_____ address of high school

_____ school principal's name

**XI. SEND TO: U.S. JCI Senate Foundation
c/o John R. Thurman #67002
2144 E. Laurel
Joplin, MO 64801**

PERSONAL STATEMENT

I certify that the facts contained in this scholarship application are true and correct. The United States JCI Senate Foundation is hereby authorized to verify any information contained in this application. I understand that any falsification or misrepresentation will result in disqualification.

Applicant's Signature _____ Date _____