OHIO JCI SENATE

CHARITABLE AND EDUCATION FOUNDATION

October 15, 2015

Attached is the application for the Ohio JCI Senate Charitable and Education Foundation scholarship program. The Ohio JCI Senate C & E Foundation is made up of the life members of the Ohio JCI Senate who were members of the U.S. Junior Chamber of Commerce.(Jaycees)

You will have two (2) categories to choose from

CATEGORY 1 – **Academic Based**

CATEGORY 2 – **Need Based**

In the **Academic Based** first place will receive $1,000.00 and second place will receive $500.00. In addition, first and second place in Category 1 will be submitted to the US JCI Senate Foundation scholarship program and could be selected as one of the twenty (20) $1,000.00 scholarship awards that they will be giving this year.

In the **Need Based** there will be three (3) winners selected. The first place, which is the “Morgan Jones Memorial Scholarship” sponsored by the Ohio JCI Senate, is awarded $1,000.00. Second place is awarded $1,000.00 and the third place will receive $500.00.

Please **note** applicants may only submit in one (1) category. Please be sure to **mark** which category you wish to have your application judged, by indicating you preference at the top of the page 1 of the application.

The deadline for submitting applications is January 18, 2016. After the state judging the winners will be notified by letter. This judging will take place by January 30, 2016.

Ohio JCI Senate is very proud of our young leaders of today. They are the leadership of tomorrow.

Good Luck

Ohio JCI Senate C & E Foundation

Scholarship Chairmen

Melissa Schnipke #70590

Cell Phone 419-203-3845 or 419-203-4570

E-mail ohjcischolarship@gmail.com

**OHIO JCI SENATE FOUNDATION**

**SCHOLARSHIP PROGRAM**

*This package contains information and directions for applying to the Ohio Senate C & E Foundation Scholarship program. Each year $1,000.00 for first place and $500.00 for second place in the Academic Based and Need Based categories. Also, the first and second place in the Academic Based will be submitted to the US JCI Senate Foundation for their scholarship program. US JCI Senate Foundation each year awards twenty (20) $1,000.00 grants. (The number of grants awarded annually will be at the discretion of the United States JCI Foundation.) Grants will be awarded to high school seniors who are U.S. citizens graduating from Ohio accredited schools, and plan to continue their education at accredited post-secondary colleges, universities or vocational schools. They must be used for educational expenses in the first year of full-time study. Checks will be made out in the name of the educational institution of the recipient’s 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.

Reference letters should be from educators, clergy, employers and/or community leaders.

These should be attached to this application. **You will receive credit for each reference**

**letter included.**

* Your name must be on the top of each sheet in the package, along with a page numbering system that states “page \_\_\_ of \_\_\_”.
* Staple all sheets together, at the upper left hand corner.
* **Deadline for submission postmark is January 18, 2016.**

**“PLEASE SELECT ONLY ONE”**

|  |  |  |
| --- | --- | --- |
| Category 1(Academic based) |  | Category 2(Need based) |

**OHIO JCI SENATE C & E FOUNDATION**

1. **SCHOLARSHIP APPLICATION**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United States Citizen (check one) Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

**General Information**

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check if deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check if deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Step-parent or Guardian other than your parents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what is their name and address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 or her 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:

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1. **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4H (9, 10, 11, 12; 8 hours/month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 4H Leader (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys/Girls State (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Merit Scholar (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Honor Society (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Employment**

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

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1. **References**

You may include up to five (5) letters of reference from various sources such as: educators, clergy, employers, and/or community leaders. You will receive credit for each reference letter included.

1. **Transcript**

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

1. **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. Include pertinent experiences, activities and accomplishments. This will be the final page of your application.

1. **School Contact**

Name of high school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of high school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of high school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SEND TO:**
Melissa Schnipke #70590
Ohio JCI Senate C & E Foundation

Scholarship Chairman
24030 Road Q
Fort Jennings, Ohio 45844

Email- ohjcischolarship@gmail.com

Phone 419-203-3845 or 419-203-4570

Page \_\_\_ of \_\_\_
(Last page of submittal)

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_