

High School Applicant Scholarship Application

Planned enrollment date at JSCC: Fall

JSCC OFFICE USE ONLY
ADMAP:
TRANSCRIPT.
GPA:
CLASS RANK:
ACT SCORE:
RECOMMENDATION:
ESSAY:
1

This scholarship application should be returned to the Financial Aid Office with a high school transcript (with first-semester, senior-year grades including class rank), GPA, ACT scores, one recommendation and a two-page essay stating why you chose Jefferson State Community College. If you have any questions regarding the application process, email scholarship@jeffersonstate.edu.

Academic Year 2018-2019

1. Personal Information

Name			Student II	D <u>J00</u>	
Last	First	Middle			
AddressStreet 1		MA-1A	W. W		· · · · · · · · · · · · · · · · · · ·
Street 1	Number.	City	State	Zip	County
Phone (Home)		(Cell)		Birthd	ate
					MM/DD/YYYY
Marital Status		Email			
Citizenship (Must b	ne IIS Citizen	ar provide proper	documents)		Sex
Ciriconomp (midat t	o o.b. Chizen	or provide proper	documents)		507
Employer		//////////////////////////////////////	Work Pho	one	
Employer Members of your ir		//////////////////////////////////////	Work Pho	one	
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Employer	mmediate fami	ly with whom you	Work Pho	one	
Employer	mmediate fami	ly with whom you	Work Pho	one	

Spring

3. Scholarship Information	
Will you be receiving any other scholarships f	for the 2018-2019 academic year? Yes No
If yes, please list the scholarships you will rec	ceive
4. Activities	
List school or community service activities (i.	.e. clubs, offices held, etc.)
5. Financial Resources	
	other state or federal government agency pay your tuition
Has either of your parents or legal guardians §	graduated from a four-year college?
	m my educational and financial records to scholarship donors. nission to Jefferson State Community College to issue press
Applicant's Signature	Date
This princation, essay,	cand ACT scores can be sale. We had be deteriously anys:
-30	Application must be Submitted to Amy Smith at PCHS.
Rd.	Submitted to Doug
DHR	Any Smith at PCTO.

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Educational Amendments of 1972 and the Americans with Disabilities Act of 1990.



www.jeffersonstate.edu

2601 Carson Road, Birmingham, AL 35215 Phone:(205) 856-8511 Fax: (205) 856-7926

Email: scholarship@jeffersonstate.edu

SCHOLARSHIP RECOMMENDATION



	Academic Year_			
Student's Na	me:	Social Security No.:		
Recommend	led by:			
I have know	n this student as: (Check all applic	able areas)		
	A member of class which I teach.	Name of course(s)		
	A participant in a club, committee participation in comments section	e, or other school function with which I am associa n below).	ted (specify nature of	
	A worker under my supervision. ((Organization/Company)		
	Other (Specify)		11.500/1/2004/1/2004	
Comments:				
	Signature	Title/Position	Date	



Write a two page essay giving the reasons that you want to attend.

Jefferson State Community College.

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