

JAYCEE FOUNDATION OF OKLAHOMA, INC. Non-Traditional & Post Secondary Student Scholarship Application

The Jaycee Foundation of Oklahoma is honored to present scholarships to individuals continuing their education.

Applicants should meet the following requirements:

- 1) Be a resident of the State of Oklahoma
- 2) Be a US Citizen
- 3) Demonstrate financial need
- 4) Be 18 years of age or older and will have graduated high school **prior** to **12/31/19**.

Educational Institutions that are eligible include Colleges, Universities, Business Schools, State Technology Centers, Vocational Trade Schools, and private institutions.

This scholarship is valued up to \$500.00 and will be directed to the student's school of choice. The scholarship committee will make recommendation applications to the Board of Directors of the Jaycee Foundation of Oklahoma, Inc., which may approve, deny or amend the recommendation. Applications will be accepted from January 29, 2020 through April 4, 2020. Funds will be released upon proof of enrollment.

Applicants must provide verification of age (copy of state issued picture ID), a minimum of one letter of recommendation. The application must either be **typed or printed in black ink. The application can be completed via computer, as it is a MS Word document; or you may print and then complete.**

All pages of the application and attachments, etc., must be stapled and mailed together. **Do not send transcript unless instructed to do so. Applications sent with postage due will be returned. Please do NOT send applications via certified, express, signature requested, etc. No e-mail submissions.**

If you have questions or need further information please contact, via e-mail, nickles@poncacity.net

Please complete application and then mail with First Class Postage to:

**Jaycee Foundation of Oklahoma, Scholarship Committee
1 Chuck Drive
Ponca City, OK 74604-5957**

Contact Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ E-Mail _____

Work Phone # _____ Other Phone # _____

Birth date: _____

Highest Education Level Completed:

Grade Level: ____ GED High School College/Vo-Tech

Institution where attended or certified: _____

Intended Educational Goal: _____

Application Classification: College Student Continuing Education Other

Institution Information For Scholarship Funding:

Name: _____

Address: _____

Please Complete This Section (Complete as appropriate)

Spouse _____

Occupation: _____ Number of children at home _____

Father: _____

Occupation: _____

Mother: _____

Occupation: _____

Volunteer Activities (i.e., School, Club, Church, Community, etc.)

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

(use additional copies of this form as needed)

Employment History

(List 3 most recent positions. Begin with **current/most recent** position. Be sure to indicate reasons for gaps in paid employment.)

Employer Name _____

Employment Period From _____ To _____

Description of work responsibilities

Employer Name _____

Employment Period From _____ To _____

Description of work responsibilities

Employer Name _____

Employment Period From _____ To _____

Description of work responsibilities

Last Year's Family Financial Data:

Applicant's Income: _____

Spouse's Income (if applicable): _____

Parent or Guardian's Income (if applicable): _____

Other Income (Annuities, Child Support, Government Assistance, etc.): _____

Total Household Income: _____

Household Size: _____

Other Scholarships Applied For:

Name:	Amount Awarded:
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Proposed Budget

Please provide an anticipated budget. This should be for **one school term**. The income and expenses should balance. Include funding from all sources, known, anticipated, and applied for.

Income:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Income

Expenses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expense

Net (Total Income – Total Expense = (0))

Applicant's Signature	Date
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