**A logo for a community foundation

AI-generated content may be incorrect.**

**SJICF COMMON SCHOLARSHIP APPLICATION**

**DUE:** Wednesday, April 23rd

**DOWNLOAD, FILL OUT, & UPLOAD A PDF WITH YOUR INSKEEP APPLICATION**

<https://sjicf.org/students/inskeep-legacy-scholarship/application>

1. **Scholarship Name: Inskeep Legacy Scholarship**

2. Student’s Full Name:

3. School you are graduating from:

4. Home Address:

Mailing Address (if different from home address):

Email Address (DO NOT USE SCHOOL EMAIL ADDRESS - only personal email address):

Phone:

5. Date of Birth:

6. Name of Parent/Guardian:

7. Cumulative GPA:

8. What are your educational/training goals, and why have you chosen this area of study?

9. What type of school do you plan to attend? (Apprenticeship, Community College, Technical/Vocational School, Four Year College or University)

10. Name and location of school you plan to attend:

a. Have you been accepted at this school?

b. If no, please explain:

11. What is the length of your program of study?

12. Provide a summary of extra-curricular activities in which you have participated (add rows if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **DESCRIPTION** | **SEASON/**  **SEMESTER & YEAR** | **GRADES PARTICIPATED**  **(9,10,11,12)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

13. Offices held in class or school organizations (add rows if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| **ORGANIZATION/CLUB** | **DESCRIPTION OF RESPONSIBILITIES** | **OFFICE HELD** | **GRADES PARTICIPATED**  **(9,10,11,12)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

14. School and community leadership roles (add rows if needed):

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION** | **DESCRIPTION OF ROLE & RESPONSIBILITIES** | **GRADES PARTICIPATED**  **(9,10,11,12)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

15. Honors and awards received (add rows if needed):

|  |  |  |
| --- | --- | --- |
| **AWARD** | **ORGANIZATION/SPORT/ACADEMIC** | **SEMESTER & YEAR RECEIVED** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

16. Jobs you have held during HS (add rows if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY** | **EMPLOYER NAME** | **JOB TITLE** | **LENGTH WORKED** |
|  |  |  |  |
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|  |  |  |  |

17. Community Service (add rows if needed):

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION** | **BRIEF DESCRIPTION OF SERVICE** | **LENGTH OF SERVICE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

18. Next year’s estimated expenses & resources:

**EXPENSES**

**Name of school:**

|  |  |
| --- | --- |
| Tuition & Fees |  |
| Books & Supplies |  |
| Housing |  |
| Transportation |  |
| Personal |  |
| Other (please provide description) |  |
|  |  |
|  |  |
| TOTAL |  |

**FINANCIAL RESOURCES**

|  |  |
| --- | --- |
| College Scholarships/Grants |  |
| Loans |  |
| Savings |  |
| Parent/Guardian Support |  |
| Anticipated Earnings from Jobs |  |
| Other (please provide description) |  |
|  |  |
|  |  |
| TOTAL |  |

19. Please explain your financial need and factors that affect your financial situation (i.e. siblings in college, health concerns, family situation, etc). Explain why this scholarship would be helpful to you.

**20. By entering my name and date below, I certify that the information submitted in this application is true and correct to the best of my knowledge.**

Student Full Name:

Date: