

Jackson County Women's Club Scholarship Application

NAME _____
Last First Middle

ADDRESS _____

TELEPHONE: _____

PARENT(s) NAME (s) _____

FATHER EMPLOYED BY _____ POSITION _____

MOTHER EMPLOYED BY _____ POSITION _____

Number of brothers & sisters at home: Brothers _____ Sisters _____

How many brothers or sisters are currently attending a post high school program? _____

How many persons are dependent upon your parent(s) for support, including yourself? _____

Total Yearly Income of Father _____ Mother _____

Class Rank _____ Class Size _____ GPA _____

List extracurricular activities and honors during high school years: _____

List all high school sports you have participated in: _____

Name of College which you will be attending: _____

Have you been accepted? _____

Tuition for current year: _____

Room & Board Expenses for the year: _____

Anticipated cost for books and supplies: _____

Total estimated cost for one year? _____

Degree you plan to pursue (Major field of study) _____

Years required to complete this degree: _____

List all community service projects in which you have participated:

The information contained herein is true and accurate to the best of my knowledge. I further give the Scholarship Committee consent to verify or confirm this information which I have listed above.

Applicant's Signature

Date

Parent's Signature

Date

Note: Application Deadline is Friday, April 4, 2025

Return to Mrs. Spees on or before the date!