

Jinny Scifres Memorial Scholarship Application

Please Print or Type

APPLICANT DATA

Last Name:_____ First:_____ MI:_____

Permanent Address_____ City_____ ST_____ Zip_____

Email Address:_____ Telephone Number (_____)_____

For Minors Only

Name of parent/guardian_____

Permanent mailing address of parent/ _____
guardian (if different from applicant) _____

Telephone Number of parent/guardian (_____)_____

SCHOOL DATA

High School Attended:_____ Telephone Number: (_____)_____

Address:_____ City_____ ST_____ Zip_____

Graduation Date or GED: Month_____ Year_____ (State estimated date if still in high school)

Name of High School Principal:_____

Additional Educational Experience

Institution:_____ Telephone Number: (_____)_____

Address:_____ City_____ ST_____ Zip_____

Years Attended:_____ to_____ Did you graduate?_____

Attach a Separate Sheet for Additional Institutions

Name of post-secondary school for which applicant's scholarship is requested: _____

Address: _____ City: _____ ST _____ Zip _____

Please indicate status of the institution:

___ 4-yr. College/University ___ Community College ___ Voc-Tech ___ Other

Is this an accredited institution? _____

Years in post-secondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: ___ live on campus ___ live off campus ___ commute

Enrolled: ___ less than half time ___ half-time or more ___ full-time

Anticipated date of graduation from post-secondary school: Month _____ Year _____

Major field of study applicant plans to pursue: _____

OTHER AWARDS

Please list below the name and amount of any grants and/or scholarships that you have been awarded for the coming school year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

PERSONAL DATA

Describe your work experience during the **past 8 years**. Indicate dates of employment in each job approximate number of hours worked each week. List total amounts earned at each job.

[illegible]

List all school activities in which you have participated during high school and any post-secondary schooling (e.g., school government, music, sports, etc.) Also list all community activities in which you have participated without pay during the **past 8 years** (e.g., service clubs, 4-H, Scouts, church, volunteer work, etc.) Indicate all positions held special awards and honors.

[illegible]

Please state why you have chosen to go to school to be a nurse (or other occupation in the medical field).

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (Required)

To be completed by a high school or college counselor or advisor, an instructor, or a work supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of post-secondary education program is

☐ Extremely appropriate ☐ Very appropriate ☐ Moderately Appropriate ☐ Inappropriate

The applicant's achievements reflect his/her ability

☐ Extremely well ☐ Very well ☐ Moderately well ☐ Not well

The applicant's ability to set realistic and attainable goals is

☐ Excellent ☐ Good ☐ Fair ☐ Poor

The quality of the applicant's commitment so schools and the community is

☐ Excellent ☐ Good ☐ Fair ☐ Poor

The applicant is able to seek, find and use learning resources

☐ Extremely well ☐ Very well ☐ Moderately well ☐ Not well

The applicant demonstrates good problem solving skills, follows through and completes tasks

☐ Extremely well ☐ Very well ☐ Moderately well ☐ Not well

The applicant's respect for self and others is

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: _____

Appraiser's Signature and Title

Date of Signature

Business Address: _____ City _____ ST _____ Zip _____
Telephone Number (____) _____\

- 1. Students who have completed at least one term of college or vocational-technical school** must include most recent college or vo-tech transcript of grades.
- 2. High school seniors and students who have completed less than one full term** of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

School Official's Signature and Title _____ Date of Signature _____

School Address: _____ City _____ ST _____ Zip _____

Telephone Number (_____) _____

This application for student aid becomes complete and valid only when you have returned the following materials (Two first class stamps are required for mailing.)

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Jinny Scifres Memorial Fund
Washington County Community Foundation
PO Box 50
Salem, IN 47167