

Jacobson Memorial Hospital Foundation

Scholarship Application

General Instructions to Applicant

1. Make a copy of the blank application form and complete a draft copy first.
2. Return a typed or neatly printed application to your high school guidance counselor by the deadline due date. This application is the first impression you will make upon those who award scholarships.

1. Personal Information

Full name of applicant _____ Nickname _____
Home telephone number _____ Email address _____
Present home address _____
City _____ State _____ Zip _____
Number of years lived in Grant County _____ Citizenship _____
Date of birth _____

2. Family Information

Mother's name _____	Father's name _____
Street address _____	Street address _____
City,ST,Zip _____	City,ST,Zip _____
Phone number _____	Phone number _____

3. Education

- a. Name all secondary and/or technical schools you have attended in the last five years. List the school you are presently attending first.

- b. How many years do you plan to attend college, and what course of study would you like to pursue?

- c. What future business or educational career will you likely pursue after finishing college?

- d. What college(s) would you most like to attend? Please explain your reason.

e. What colleges have you applied to for admission? Please indicate acceptance status.

f. List scholarships, grants or loans for which you have applied, and check the ones you plan to use.
Indicate funding amount you will receive.

Name	Amount	Plan to use
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4. Academic, athletic, service, and extra activities. Use additional pages or attach resume for sections 4a, 4b, and 4c.

a. List academic awards, achievements and dates.

b. List participation in athletic activities.

c. List participation in community service and extra-curricular activities.

4. Employment History

List jobs you have held in the last three years.

Employer	Position	Dates	Salary	Hours per week
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5. Transcript History

This section is to be completed by your principal or guidance counselor. Attach a certified transcript of the student's high school record to this sheet.

Ranking in senior class: _____ of _____

GPA: _____ on a _____ scale

Best ACT Score: Date _____ Score _____

Signature of principal or school counselor _____

6. Essay

Please write an essay to describe how you would like to contribute positively to society and what you plan to do with your education.

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____

Date _____

NOTE: This scholarship application form **must be submitted to address below** or to your school's Counseling Office, if the school has agreed to receive applications for the scholarship provider.

Return completed application and essay to the below address:

Jacobson Memorial Hospital Foundation

Attn: Theo Stoller, CEO

601 East St. N.

Elgin, ND 58533

Or

tstoll@jmhcc.org