WYATT F.
AND
MATTIE M. JELTZ
SCHOLARSHIP FOUNDATION

This may be for you

- Are you interested?
- Are you eligible?
BACKGROUND

The Wyatt F. and Mattie M. Jeltz Scholarship Foundation was established by an endowment and is incorporated by the State of Oklahoma. Mr. & Mrs. Jeltz were black Oklahomans who devoted their lives to education, employment opportunities and community service until their deaths in 1975 and 1977, respectively. They were vitally interested in assisting young people, particularly Black-Americans displaying strong academic ability, to acquire an education and a better life. While awards may go to non-traditional students, the emphasis is on traditional students.

The Foundation provides scholarships to assist students in paying college related expenses such as tuition, fees, room and board, books and supplies, loan repayment, etc. To be eligible, a student must be enrolled full-time (12 hrs) in a state-supported Oklahoma accredited college and have earned a minimum of thirty (30) credit hours, with an accumulative grade point average of, at least, 2.8. Financial need and good character are also criteria. A student must have applied for financial aid.

Scholarships are awarded annually in February and October; application deadlines are December 20th and August 15th. Applicants are notified in January and September as to their selection status. An official at the recipient’s college will be notified.

Jeltz Scholarship Foundation
P.O. Box 36575
Oklahoma City, Oklahoma 73136

APPLICANT CRITERIA

1. Academic excellence-minimum of 2.8 cumulative GPA
2. Good Personal Character
3. Financial Need
4. Attending an Oklahoma State-Supported Accredited College or University
5. At least a sophomore

INQUIRE TODAY AT YOUR FINANCIAL AID OR SCHOLARSHIP OFFICE

FOUNDATION TRUSTEES

James L. Mosley, Chairman
(405) 348-8226

Kenneth W. Arinwine, Secretary
(405) 424-6040

*(Three of the four original trustees are deceased,
Lettie R. Hunter, Mayme Jackson and Herman Stevenson)*

CHARTER MEMBERS

Lettie R. Hunter, Mayme Jackson,
James L. Mosley & Herman Stevenson
APPLICATION FOR
WYATT F. AND MATTIE M. JELTZ MEMORIAL SCHOLARSHIP

(Type or Print)  Date ________________

1. Name ____________________________________________
   Last       First       Middle       SS#

2. College Residence _______________________________________
   Street & Number       City       State       Zip Code

3. Permanent Residence _____________________________________
   Street & Number       City       State       Zip Code

4. College Residence Phone __________________________ Race ________  _____ Male  _____ Female
   Birth date ______________ Age _____  Cell Phone ____________________________

5. Father’s Name _____________________________ Living _____ Yes _____ No

6. Address _______________________________________
   Street & Number       City       State       Zip Code

7. Father’s Occupation __________________________ Place of Employment _______________________
   Address & Phone No. _______________________________________

8. Mother’s Name _____________________________ Living _____ Yes _____ No
   Last       First       Middle

9. Address _______________________________________
   Street & Number       City       State       Zip Code

10. Mother’s Occupation __________________________ Place of Employment _____________________
    Address & Phone No. _______________________________________

11. Have you applied for financial aid? ____________

12. High School Attended; ___________________________ Year graduated _________
    College _____________________________
    Name, Address & Phone
    Dates Attended: ___________________________ Total Semester Hours Completed ____________
    Cumulative GPA _________________________

13. Extra class activities or organizations: __________________________
15. TO BE COMPLETED BY THE COLLEGE FINANCIAL AID OFFICE:

Has the applicant submitted a need analysis of document:  ____ Yes  ____ No

If yes, please complete the following:

Need Analysis

College’s budgeted cost for applicant ....................... $

Parents’ expected contribution ......................... $
Students’ expected contribution ....................... $
Total family contribution ................................ $

NEED ....................................................... $

Expected Financial Aid:

Pell Grant ................................................ $
Other Grants ............................................ $
Scholarships ............................................ $
Work: ..................................................... $
Loans: ..................................................... $
Other: ..................................................... $

Total Expected Assistance ................................. $

UNMET NEED ............................................. $

Comments:

Date: ___________ Signature _______________ Title ___________

16. Marital Status ___________ No. of Dependents ___________

Spouse’s Name  ______________________________ Age of Dependents ___________

17. References: Name, Address & Telephone No. (Including one College Official)

1. ________________________________

2. ________________________________

3. ________________________________

NOTE: All questions, number 1 - 17, must be completed and a picture enclosed to be considered.

Application must be postmarked by: August 15th and December 20th FOR CONSIDERATION.

Applicant’s Signature