

## **JAYCEE FOUNDATION OF OKLAHOMA, INC. Non-Traditional & Post Secondary Student Scholarship Application**

The Jaycee Foundation of Oklahoma is honored to present scholarships to individuals continuing their education.

Applicants should meet the following requirements:

- 1) Be a resident of the State of Oklahoma
- 2) Be a US Citizen
- 3) Demonstrate financial need
- 4) Be 18 years of age or older and will have graduated high school **prior** to **12/31/19**.

Educational Institutions that are eligible include Colleges, Universities, Business Schools, State Technology Centers, Vocational Trade Schools, and private institutions.

This scholarship is valued up to \$500.00 and will be directed to the student's school of choice. The scholarship committee will make recommendation applications to the Board of Directors of the Jaycee Foundation of Oklahoma, Inc., which may approve, deny or amend the recommendation. Applications will be accepted from January 29, 2020 through April 1, 2020. Funds will be released upon proof of enrollment.

**Applicants must provide verification of age (copy of state issued picture ID), a minimum of one letter of recommendation. The application must either be **typed or printed** in black ink. The application can be completed via computer, as it is a MS Word document; or you may print and then complete.**

**All pages of the application and attachments, etc., must be stapled and mailed together. **Do not** send transcript unless instructed to do so. Applications sent with postage due will be returned. Please do NOT send applications via certified, express, signature requested, etc. No e-mail submissions.**

If you have questions or need further information please contact, via e-mail, [nickles@poncacity.net](mailto:nickles@poncacity.net)

**Please complete application and then mail with First Class Postage to:**

**Jaycee Foundation of Oklahoma, Scholarship Committee  
1 Chuck Drive  
Ponca City, OK 74604-5957**

**Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Birth date: \_\_\_\_\_

Highest Education Level Completed:

Grade Level: \_\_\_\_ GED  High School  College/Vo-Tech

Institution where attended or certified: \_\_\_\_\_

Intended Educational Goal: \_\_\_\_\_

Application Classification: College Student  Continuing Education  Other

Institution Information For Scholarship Funding:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please Complete This Section (Complete as appropriate)**

Spouse \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of children at home \_\_\_\_\_

Father: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Volunteer Activities** (i.e., School, Club, Church, Community, etc.)

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

Organization:

Dates of Involvement

Description of Involvement

(use additional copies of this form as needed)

### Employment History

(List 3 most recent positions. Begin with **current/most recent** position. Be sure to indicate reasons for gaps in paid employment.)

Employer Name \_\_\_\_\_

Employment Period From \_\_\_\_\_ To \_\_\_\_\_

Description of work responsibilities

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Employer Name \_\_\_\_\_

Employment Period From \_\_\_\_\_ To \_\_\_\_\_

Description of work responsibilities

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Employer Name \_\_\_\_\_

Employment Period From \_\_\_\_\_ To \_\_\_\_\_

Description of work responsibilities

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Last Year's Family Financial Data:

Applicant's Income: \_\_\_\_\_

Spouse's Income (if applicable): \_\_\_\_\_

Parent or Guardian's Income (if applicable): \_\_\_\_\_

Other Income (Annuities, Child Support, Government Assistance, etc.): \_\_\_\_\_

Total Household Income: \_\_\_\_\_

Household Size: \_\_\_\_\_

Other Scholarships Applied For:

| Name: | Amount Awarded: |
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### Proposed Budget

Please provide an anticipated budget. This should be for **one school term**. The income and expenses should balance. Include funding from all sources, known, anticipated, and applied for.

Income:

|       |       |
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| _____ | _____ |
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| _____ | _____ |
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Total Income

\_\_\_\_\_

Expenses:

|       |       |
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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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Total Expense

\_\_\_\_\_

Net (Total Income – Total Expense = (0))

\_\_\_\_\_



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date