

# 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



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

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

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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.

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## 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.

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

Extremely appropriate     Very appropriate     Moderately Appropriate     Inappropriate

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The applicant's achievements reflect his/her ability

Extremely well     Very well     Moderately well     Not well

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

Excellent     Good     Fair     Poor

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

Excellent     Good     Fair     Poor

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

Extremely well     Very well     Moderately well     Not well

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

Extremely well     Very well     Moderately well     Not well

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The applicant's respect for self and others is

Excellent     Good     Fair     Poor

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appraiser's Signature and Title

\_\_\_\_\_  
Date of Signature

Business Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_\

## TRANSCRIPT INFORMATION

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.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_. Cumulative GPA \_\_\_\_\_/4.0 scales  
PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date SAT taken \_\_\_\_\_ SAT Verbal \_\_\_\_\_  
Math \_\_\_\_\_ Written \_\_\_\_\_ ACT Standard English \_\_\_\_\_ Math \_\_\_\_\_

\_\_\_\_\_  
School Official's Signature and Title

\_\_\_\_\_  
Date of Signature

School Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_

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## APPLICANT CHECKLIST

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.)

Application  All required signatures  
 Current Transcript of grades  Application deadline: \_\_\_\_\_

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## CERTIFICATION

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.

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

\_\_\_\_\_  
Date:

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Return Application to:

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