

## UNITED STATES JCI SENATE FOUNDATION SCHOLARSHIP PROGRAM

*This package contains information and directions for applying to the United States JCI Senate Foundation Scholarship Program. Each year \$1,000 grants will be awarded to graduating high school seniors in the United States, who plan to continue their education at accredited post-secondary colleges, universities or vocational schools. The number of grants awarded annually will be at the discretion of the United States JCI Senate Foundation. They must be used for educational expenses in the first year of full-time study. Checks awarded will be made out in the name of the recipient and the educational institution of their choice.*

### INSTRUCTIONS FOR APPLYING

Please read the following points carefully. Failure to comply may be cause for disqualification.

- All submissions must be typewritten or printed.
- Included in this application package are all the necessary forms.
- Supporting documentation of your choice may follow each page as appropriate.
- Reference letters are limited to five (5) with a maximum length of one (1) page each.
- Your name must be on the top of each sheet in the package, along with a page numbering system that states “page \_\_ of \_\_.”
- All materials **MUST** be submitted under one cover. Materials sent in multiple mailings will **NOT** be accepted.
- **Your application must be postmarked no later than December 21, 2009.**
- **Mail to:**  
Larry Thomson # 33371  
48 Hull St  
Ansonia, CT 06401  
Telephone: 203-734-4719  
Email: [jci33371@sbcglobal.net](mailto:jci33371@sbcglobal.net)

## UNITED STATES JUNIOR CHAMBER INTERNATIONAL SENATE FOUNDATION

### I. SCHOLARSHIP APPLICATION

1. Name of applicant \_\_\_\_\_ Date \_\_\_\_\_
2. High school \_\_\_\_\_
3. Home street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Student's e-mail address \_\_\_\_\_

#### General Information

1. Father's Name \_\_\_\_\_ Check if deceased \_\_\_\_\_
2. Home address \_\_\_\_\_ Occupation \_\_\_\_\_
3. Mother's name \_\_\_\_\_ Check if deceased \_\_\_\_\_
4. Home address \_\_\_\_\_ Occupation \_\_\_\_\_
5. Do you have a Step-parent or Guardian other than your parents? \_\_\_\_\_
6. If so, what is their name and address? \_\_\_\_\_  
\_\_\_\_\_

7. List in chronological order the names of your brothers, sisters or other persons dependent upon your parents for support:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

College/University you plan to attend:

Name \_\_\_\_\_

Address \_\_\_\_\_

Have you been accepted? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, attach copy of acceptance letter.

### Applicant's Financial Statement

The financial contribution of the applicant toward his own education is an important consideration in awarding this scholarship. The committee does not wish to penalize those students whose industry and careful planning have been a consideration in planning college attendance.

**INCOME :**

- 1. Savings to date \$ \_\_\_\_\_
  - 2. Expected summer earnings \$ \_\_\_\_\_
  - 3. Expected contribution from parents \$ \_\_\_\_\_
  - 4. Earnings from part-time work \$ \_\_\_\_\_
  - 5. Money from other sources: \$ \_\_\_\_\_  
    Include gifts from friends, relatives,  
    Education insurance, loans, other  
    Scholarships, etc.
- TOTAL ESTIMATED INCOME \$ \_\_\_\_\_

**EXPENDITURES :**

- 1. Tuition and incidental fees \$ \_\_\_\_\_
  - 2. Board and room \$ \_\_\_\_\_
  - 3. Books and supplies \$ \_\_\_\_\_
  - 4. Clothing \$ \_\_\_\_\_
  - 5. Incidental expense (travel, recreation) \$ \_\_\_\_\_
- TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

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Explain any special personal family or financial situation you believe merits consideration:

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**II. Leadership Positions and Offices**

List by name and by year ( 9, 10, 11, 12) leadership positions and offices held, and the approximate time commitment each month for school, church, community and volunteer activities.

Example:

- Student council President ( 12; 2.7 hours/month) \_\_\_\_\_
- Hospital volunteer ( 11, 12 ; 25 hours/month) \_\_\_\_\_
- Yearbook editor ( 12; 35 hours/month) \_\_\_\_\_
- Basketball captain ( 12; 5 hours/month) \_\_\_\_\_

**III. Memberships**

List by name and by year memberships and other participation and the approximate time commitment each month for school, church, community and volunteer activities.

Example:

- Basketball (9, 10, 11; 35 hours/month) \_\_\_\_\_
- Hospital volunteer (9, 10; 25 hours/month) \_\_\_\_\_
- Cheerleader (11, 12; 20 hours/month) \_\_\_\_\_
- 4-H ( 9, 10, 11, 12; 8 hours/month) \_\_\_\_\_

**IV. Honors and Awards**

List by name and by year the honors and awards you have received during high school.

Example:

- Hospital Volunteer of the Year (11) \_\_\_\_\_
- County 4-H Leader ( 11) \_\_\_\_\_
- Boys/Girls State (11) \_\_\_\_\_
- National Merit Scholar (12) \_\_\_\_\_
- National Honor Society (12) \_\_\_\_\_

**V. Employment**

List the names and addresses of employers, including family business or self-employment. Indicate whether part-time, summer, full-time, with the hours you worked.

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**VI. References**

You may include up to five (5) letters of reference from educators, clergy, employers, and/or community leaders.

**VII. Transcript**

A copy of your current high school transcript MUST be included.

**VIII. Personal Statement**

Write (type or print) a paragraph of 100 to 300 words, indicating your chosen field of college study. State your reasons for this choice. Included pertinent experiences, activities and accomplishments. This will be the final page of your application.

**IX. Staple all sheets together, at the upper left hand corner.**

**X. School contact**

Fill in the following information completely:

\_\_\_\_\_ name of high school

\_\_\_\_\_ address of high school

\_\_\_\_\_

\_\_\_\_\_ school principal's name

**XI. SEND TO: U.S. JCI Senate Foundation  
c/o Larry Thomson # 33371  
48 Hull St  
Ansonia, CT 06401**

**PERSONAL STATEMENT**

**I certify that the facts contained in this scholarship application are true and correct. The United States JCI Senate Foundation is hereby authorized to verify any information contained in this application. I understand that any falsification or misrepresentation will result in disqualification.**

**Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_**