Minnesota JCI Senate &

United States JCI Senate Foundation College/University Scholarship Application

Eligibility: Graduating high school seniors in the United States, where that state has an active JCI Senate program (see www.usjcisenate.org [under scholarship tab] for a listing of eligible states). You must be a U.S. citizen to apply for this scholarship.

This package contains information and directions for applying to the United States JCI Senate Foundation Scholarship Program. Each year (April) \$1,500 grants will be awarded to graduating high school seniors in the United States, who plan to continue their education at accredited post-secondary colleges, or universities within the United States. The number of grants awarded annually will be at the discretion of the United States JCI Senate Foundation. The monies 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 for the US JCI Senate Foundation Scholarship

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

- 1. Submission preference will be in a Microsoft Word compatible format. Typed or neatly hand printed (blue or black ink only) submission will also be accepted. DO NOT DUPLEX YOUR APPLICATION. USE ONLY SINGLE SHEETS.
- **2**. Included in this application package are all the necessary forms. Your application packet pages must be submitted in order as listed below. **Failure to comply will be cause for disqualification.**
 - Student Check List
 - Wallet size photo taped to a sheet of blank paper see #14
 - Applicant Information
 - High School Contacts
 - College Information
 - Parent or Guardian Information
 - Financial Statement
 - School & Community Involvement
 - Personal Statement (300 to 500 words) see #3
 - College or University Acceptance Letter (if applicable)
 - Supporting documentation of your choice (awards, certificates, articles, pictures, etc).
 Limit three (3) sheets
 - Reference Letters 3 see #4
 - Signature see #6
 - Transcripts (grades and state / national test scores) see #5
- **3**. Your personal statement is limited to 500 words. Any more than 500 words will not be judged.
- **4**. Reference letters are limited to three (3) letters with a maximum length of one (1) page (one side only) each.
- 5. Your school transcript should be the very last attachment to your application package. Any student with a GPA of 3.75 and above will be considered for this scholarship grant.

YOUR ACT / SAT NATIONAL TEST SCORES SHOULD BE INCLUDED IF YOU HAVE THEM. **Note:** While the ACT / SAT scores are not mandatory — Extra judging points will be awarded for the test scores, if included.

- 6. Sign the bottom of the Personal Statement section.
- **7.** Your name must be on the top right corner of each sheet in the package, along with a page number. When using a MS-Word compatible editor, enter you name in the 'Header' section.

8. Each student must have an active, working email address listed.

- **9**. All materials **MUST** be submitted under one cover. Materials sent in multiple mailings will **NOT** be accepted.
- **10.** Your application must be postmarked no later than **January 17, 2025** and sent to the MN State Scholarship chairman Amie Klouse.

11. NO electronic submissions will be accepted.

- **12.** Do not include these first two pages of instructions in your reply.
- **13.** Your application will be evaluated by persons outside of your area so **do not** use acronyms for items such as clubs, programs, events, or awards when they are not national programs. When the name of the item is not self explanatory, include a description. Example: REACH or J. Doe Memorial Award should include a description such as: St. Thomas Methodist REACH program to feed the homeless, J. Doe Memorial Award for Top Female Tennis player.
- **14.** You must include a 2.0 X 3.0-inch head shot photograph for use in our National publications. This photo should be taped to a white sheet of paper with your name and state on the page under the photo. By signing the application, you agree that your name and photo may be used as part of the public relations of the US JCI Senate, the US JCI Senate Foundation and their affiliates such as the associated state programs.

15.To submit your application package:

Refer to the website www.usjcisenate.org under the scholarship section. Locate the state where you live and submit your application to the state chairman or contact or president listed for that state. If your state is not listed, you are not eligible. Do not submit the application to any address on the web page except to the person listed under your State Scholarship listing section (packages submitted to the wrong address will not be forwarded).

The due date is POSTMARKED BY JANUARY 17, 2025.

Send them to Amie Klouse 56633 150th ST Austin, MN 55912

Form: Scholar-2024-2025

United States JCI Senate Foundation College/University Scholarship Application

| 1. Applicant Information | | | | | | | | | |
|--|-------------|---------|-------|--------------------------|----------------|----------------------------------|---------------------|--------------|--|
| Applicant Name | | | | | | | Date of Application | | |
| Applicant Home Address | | | | Applicant e-mail address | | | | | |
| City | State | State | | | Zip Code | | Phone Number | | |
| Are you a U.S. Citizen (check one) | ☐ Yes ☐ No | | | | | | | | |
| 2. High School Information | | | | | | T | | | |
| Name of applicants High School | | | | | Counselor Name | | | | |
| Address & City | | | State | | Zip Code | | | Phone Number | |
| High School Staff E-mail contact (na | me and pos | sition) | | | | | | | |
| | | | | | | | | | |
| 2. Cabaal Information | | | | | | | | | |
| 3. School Information Name of College or University you pla | n to attend | d AND M | lajor | | | | | | |
| | | | | | Т | | | | |
| Address | City | | | State | | Zip Code | | | |
| Have you been accepted to this College | ge or Unive | ersity | | | | | • | | |
| Yes (if yes, attach copy of accept | ance letter |) | lo | | | | | | |
| | | | | | | | | | |
| 4. Parent or Guardian Informati | on | | | | | | | | |
| Father's Name | | | | | | Check here if father is deceased | | | |
| Father's Home Address | | | | | Occupation | | | | |
| City | State | | | Zip Code | | Phone Nu | | mber | |
| Mother's Name | | | | | | Check here if mother is deceased | | | |
| Makkawa Harra Addusas | | | | | | Occupation | | | |
| Mother's Home Address | | | | | | Occupatio | 11 | _ | |
| City | | State | ate | | ip Code | | Phone Number | | |

Form: Scholar-2024-2025

| Do you have : | a Step-Parent or Guardian other than your Parents | : | No | | |
|----------------|--|-----------------|-------------------|---------------------------|----------------|
| | e the following information | , <u> </u> | 110 | | |
| | r Guardian Name | | | | |
| | | | | | |
| Home Address | | | | | |
| | | | | Occupation | |
| City | | Stat | е | Zip Code | Phone Numbe |
| | | | | | |
| List in chrono | logical order the names of your brothers, sisters or | r other person | ns dependent upo | on your parents for supp | |
| | Name | | | Age | Relationship |
| | | | | | |
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| 5. Applican | t's Financial Statement Information | | | | |
| | contribution of the applicant toward their own educ | cation is an im | nportant consider | ration in awarding this s | cholarship. |
| The committe | e does not wish to penalize those students whose | industry and | careful planning | have been a considerati | on in planning |
| | lance. This budget is to assist the committee in yo I be based on your first year of education. Your bu | | | | on. The |
| Income | , | | | , | |
| | 1. Savings to date | 1. | | | |
| | 2. Expected scholarship awards | 2. | | | |
| | 3. Expected contribution from parents | 3. | | | |
| | 4. Earnings from part-time work | 4. | | | |
| | 5. Money from other sources: | 5. | | | |
| | Include gifts from friends, relatives | | | | |
| | Education insurance, loans, etc. | | | | |
| | Total Estimated Inco | ome | | | |
| Expenses | | | | | _ |
| Lxpenses | Tuition and Incidental Fees | 1. | | | |
| | 2. Room and Board | 1 2. | | | |
| | 3. Books and Supplies | | | | |
| | <u> </u> | 3 | | | |
| | 4. Clothing | 4 | | | |
| | 5. Incidental Expenses (Travel, Recreation) | 5 | | | |
| | Total Estimated Expen | ises | | | |
| | | | | | |
| Explain any | special personal family or financial situation | you believe i | merits consider | ration: | |
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| 6. School and Community Involvement |
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| List and explain your involvement in school and community activities. Include any organization offices, awards, events or projects and how your involvement made an impact on each and how your involvement has helped you in determining your future education. |
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| 7. Employment |
| Using an outline format list your job, names of employers (including family business or self-employment), job duties, type of job (occasional, part-time, full-time, summer work, etc.) and pay you received, if any. Include how this job assisted you in preparing for your future education. |
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| 8. Personal Statement | | | | | |
|--|-------------|--|--|--|--|
| Complete a statement of 300 to 500 words maximum, indicating your chosen field of study. State your reasons for this choice and how this scholarship will impact your future. Include pertinent experiences, activities and accomplishments. NOTE: Attach an additional sheet behind this page with your statement. | | | | | |
| additional bridge than page than pag | | | | | |
| Sections 9-11 shows the order to list your attached documents. Ensure to sign section 12 | 2 | | | | |
| 09. College or University Acceptance letter (if applicable) | | | | | |
| 10. Supporting documentation of your choice (maximum of three (3) documents) | | | | | |
| 11. Reference Letters | | | | | |
| You may include three (3) letters of reference from educators, clergy, employers, and/or community leaders. At least one must be from an educator. References should be attached to this application. | | | | | |
| 12. Signature | | | | | |
| I certify that the facts contained in this scholarship application are true and correct. The Unite Foundation is hereby authorized to verify any information contained in this application. I under of misrepresentation will result in disqualification. | | | | | |
| Signature of applicant | Date Signed | | | | |
| Email address: | | | | | |
| 13. Transcripts | | | | | |
| A copy of your current high school transcript MUST be included. This MUST include class scores and should include state test scores if you have them. If you are taking college classes, include those as well. | | | | | |
| Staple all pages together in the upper left-hand corner. Be sure you include all references and other attachments. Each page of your application MUST list your name and list the page numright-hand corner. Remember to sign the application package (above) Check the website: www.usjcisenate.org to find the state chairman where your states are chairman where you should be a state and you should be a s | | | | | |
| application | | | | | |

Form: Scholar-2024-2025