

JACOB REED MEMORIAL SCHOLARSHIP
RETURN TO COUNSELING OFFICE BY MAY 1, 2022

1

Name: _____

Graduation Date: _____

Address: _____

Phone: _____

Birth Date: _____

Circle One: Male Female

2

GPA: _____ ACT: _____

3

College Preferences: _____

Have you been accepted? _____ If yes, where? _____

4

Anticipated College Major: _____

5

Career Goals:

6

Anticipated College Expenses:

Tuition: _____

Room/Board: _____ Books: _____

Travel: _____

Total Amount Estimated: _____

7

List other scholarships and/or loans for which you have applied:

8

Total amount you have been approved for as of the date of this application: _____

8

Briefly Summarize your work experience/employment history:

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Have you saved any money, yourself, for your college tuition? No: _____ Yes: _____
If yes, how much? _____

10 _____
What school awards have you received?

11 _____
What school activities (clubs, teams, subjects) do you enjoy?

12 _____
PERSONAL INFORMATION
Father's Full Name: _____ Mother's Full Name: _____
Father's Occupation: _____ Mother's Occupation: _____

Please check the amount that reflects your family's Adjusted Gross Income for 2020:
Under \$15,000: _____ \$15,000-\$20,000: _____ \$20,000-\$30,000: _____
\$30,000-\$40,000: _____ \$40,000-\$50,000: _____ Over \$50,000: _____

Parents marital status: Married: _____ Separated _____ Divorced _____ Deceased _____

How many children are in your family? _____ How many living at home? _____
How many in college? _____

*If you do not live with your parents, please summarize your circumstances:

13 _____
You may attach the following in resume form:
1. A summary of school activities. 2. A list of community volunteer activities.
3. A list of honors/AP/dual enrollment classes taken from grades 9-12.

I have read this application and to my knowledge all information is correct. I realize that failure to provide accurate information will result in this application being cancelled.

Signature of applicant **Date**

Signature of Parent/Guardian **Date**