

Jellison Benevolent Society, Inc.

P.O. Box 145, Junction City, KS 66441-0145
Telephone: 218-329-2092 Email: jellisonsociety@gmail.com

Dear Applicant:

Enclosed is the Jellison Benevolent Society scholarship application form that you requested. Complete this form as fully and accurately as possible as an incomplete application will be returned and may be rejected. We need to receive the completed application, along with all attachments called for in the application, no later than the 20th day of June for the fall semester and by the 20th day of November for the spring semester. We review the applications at our meetings in early July and December and send out letters to those we have awarded grants as soon thereafter as possible. In this regard, if you have not received any word by the 20th of July or the 20th of December, you should get in touch with me to check on the progress of your application.

The grant must be sent directly to the university or other educational institution that you are attending and should be there when you enroll, although from time to time there are delays. This grant can be used toward tuition, books and related school expenses only. This is a grant and not a loan so it does not require repayment. The grant can be renewed for succeeding semesters without a new application form as long as you send a copy of your last semester grades no later than **June 20th** for spring and **January 20th** for fall. It is also imperative that we be kept informed of any changes. We should be notified immediately if you graduate or are unable to attend college.

Grades are quite important in making our decision, but also your financial situation is taken into consideration. A preference is given to local and Kansas applicants. As funds allow, we do make grants out of the area from time to time. Grants are restricted to high school graduates and beyond and end at the bachelor's level in most instances.

If you should have any questions with regard to the application form or grant process, please do not hesitate to contact me by phone or email. **Under new guidelines, we can only correspond with you, as the applicant, and no one else with regard to the application preparation and review.**

Sincerely yours,

Amber Stanley
Secretary
Jellison Benevolent Society, Inc.

APPLICATION

Jellison Benevolent Society, Inc. For High School Graduates and beyond only

Deadlines: JUNE 20th – Fall and November 20th - Spring

In order to consider grants, it is necessary that this application form be fully completed. In particular, we need to know the amount of the parents' income (substantiated by means of tax return information) and the extent of the parents' support for their children in their college educational endeavor. Failure to carefully and fully complete the applications will result in its being rejected.

NOTE: If application is being completed by someone post high-school and already attending college OR married and self-supporting, it should be completed in this context in as much detail as possible.

Name: _____ College ID: _____

Address: _____

Telephone: _____ Email Address: _____

College or university you plan to attend

Name: _____

Address: _____

Area of Concentration or major: _____

Attach a copy of High School Transcript (and college transcript, if applicable). Also, attach a copy of ACT or SAT test scores, if available. Failure to complete will result in rejection.

Father's Name (or spouse if married): _____

Occupation, in detail: _____

Estimate of earnings: _____

(Attach tax return, financial report or W-2 with Social Security Nos. Omitted)

Education: _____

Mother's Name (if applicant is not married): _____

Occupation, in detail: _____

Estimate of earnings: _____

(Attach tax return, Financial Report or W-2 with Social Security Nos. Omitted)

Education: _____

Number of Children in Family & Supported by Parents (or yours if self-supporting) _____

List Name and Age of Each: _____

Estimate of Costs **PER SEMESTER:**

Tuition per Semester: _____
Room per Semester: _____
Books & Fees per Semester: _____
Other College Expenses: _____

(Please specify Per Semester)

Total **PER SEMESTER:** _____

Revenues available **PER SEMESTER:**

Assistance from Parents, if any: _____
Personal Savings, if any: _____
Earnings from Job, if any: _____

Other Grants or Awards (**specify name of grant of award, amount of grant and length of time you will receive the grant or award**)

Other Sources of Funds (Please Specify Clearly What Funds, How Long Receive and Amount): _____

Total revenue **PER SEMESTER:** _____

Teacher References (Must Attach at Least **Two** Letters with Phone Numbers):

References other than teachers (Must Attach At Least **Two** Letters with Phone Numbers):

Teacher & other Recommendations are required and MUST BE ATTACHED.

Extracurricular activities in which you participated in High School (or College if already attending)

Sports in which you participated in High School (or College if already attending)

Awards earned, if any, in High School (or College if already attending)

Other Significant accomplishments in High School (or College if already attending)

Any other information you think might help in our decision:
