



jeffersonstate.edu  
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 Enrollment Services/Financial Aid

**HIGH SCHOOL APPLICANT  
 SCHOLARSHIP APPLICATION**

Financial Aid Office  
 Jefferson State Community College  
 Pinson Valley Parkway at  
 2601 Carson Road  
 Birmingham, AL 35215-3098

**JEFF STATE OFFICE USE ONLY**

ADMAP: \_\_\_\_\_

TRANSCRIPT: \_\_\_\_\_

GPA: \_\_\_\_\_

CLASS RANK: \_\_\_\_\_

ACT SCORE: \_\_\_\_\_

RECOMMEND: \_\_\_\_\_

ESSAY: \_\_\_\_\_

**Scholarship application deadline is March 1. Applicants for the High School Academic Scholarship must have a minimum ACT score of 22 and a minimum cumulative 3.0 GPA at the end of the first semester senior year. An Application for Admission must be on file in the Admissions Office by the March 1 deadline.**

**This scholarship application should be returned to the Financial Aid Office with a high school transcript with first-semester, senior-year grades, GPA, ACT scores, one recommendation and a two page essay stating why you chose Jefferson State CC. (Please include class rank.)**

Academic Year 2016-2017

**1. Personal Information**

Name \_\_\_\_\_ Student Identification No. J00  
 Last First Middle or Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
 Street No. City State Zip County

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Mo./Day/Yr.

Marital Status \_\_\_\_\_ Email \_\_\_\_\_

Citizenship(Must be U.S. Citizen or provide proper documents) \_\_\_\_\_ Sex \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Members of your immediate family with whom you live \_\_\_\_\_

\_\_\_\_\_

**2. Academic Information**

High School attended \_\_\_\_\_

ACT score \_\_\_\_\_ Month and year taken \_\_\_\_\_

Planned enrollment date at JSCC: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**3. Scholarship Information**

Indicate scholarship(s) for which you are applying:

Academic \_\_\_\_\_ Organization \_\_\_\_\_ Any \_\_\_\_\_ Other \_\_\_\_\_

If other, indicate which type \_\_\_\_\_

\_\_\_\_\_

**4. Activities**

List school or community service activities (i.e. clubs, offices held, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Financial Resources**

Will Vocational Rehabilitation or another agency pay your tuition and fees? \_\_\_\_\_

\_\_\_\_\_

Has either of your parents or legal guardians graduated from a four-year college? \_\_\_\_\_

I grant permission to release information from my educational and financial records to scholarship donors.  
If I am awarded a scholarship, I grant permission to Jefferson State Community College to issue press releases.

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

\_\_\_\_\_  
Date