2014 Jandon Foundation Scholarship Application

Application Deadline: February 28, 2014

RETURN TO:	Jandon Scholars c/o Westchester County Board of Legislators 148 Martine Avenue, 8th Floor, White Plains, New York 10601
REQUIREMENTS:	 Graduating senior from a Westchester County public high school. Will attend a four year accredited university and obtain a bachelor's degree. Meet income requirements on the attached schedule.
FOR INFORMATION:	Contact Melanie Montalto, Westchester County Board of Legislators Tel: 914-995-8620; Fax: 914-995-3884; <u>MelanieM@westchesterlegislators.com</u>

Personal Information (please type or print clearly)

Name:			
Mailing Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
E-mail Address:			
Are you a U.S. Citizen?	⊖yes ⊖no	If not, explain	
Social Security Number:		Date of Birth	
School Informa	tion		
Name of High School:		Expected date of Graduation:	
Cumulative GPA (Grade	s 9, 10, 11, 12-1st semester):	SAT Scores:	ACT Scores:

NOTE: Proof of GPA and Scores <u>must</u> be enclosed. Please submit single-sided documents only.

Family Information

NOTE: Please provide information for <u>both parents/guardians</u>.

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
○ Mother ○ Father ○ Legal Guardian ○ None	○ Mother ○ Father ○ Legal Guardian ○ None
Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Occupation:	Occupation:
Employer:	Employer:
○ Part-time ○ Full-time	○ Part-time ○ Full-time

Household Size & Annual Income

Household Size:	Annual Income:
○ 2 persons	○ \$20,000
○ 3 persons	○ \$25,000
○ 4 persons	○ \$30,000
○ 5 persons	○ \$35,000
○ 6 persons	○ \$40,000
O Other:	NOTE: For families with more than 6 persons, \$5,000 is added for each additional person.

If you need to provide other information about your family, household size or annual income, please explain in the space below:

Income Verification

Is your family receiving public assistance?	⊖ Yes	() No	If yes, indicate case #:	
Did you apply for Tap or Pell Grants?	() Yes	() No		
With whom did you reside in the last 12 m	onths?			
Name:			Relationship to student: _	
Mailing Address:				
City:				Zip:
Home Phone:			Cell Phone:	
Were you claimed as a deduction on the ab If no, please provide information for the po		-		⊖Yes ⊖No
Name:			Relationship to student: _	
Mailing Address:				
City:				
Home Phone:			Cell Phone:	
Occupation:			Employer:	
IMPORTANT:				
1. Provide a COMPLETE co In most cases, it will be yo other caregiver.				
2. Provide a W-2 form for ea	ach emplo	yed adul	t with whom you resided	for the past 12 months.

- For example, if you lived with 2 parents, and both are employed, submit a W-2 form from each of them.
- 3. If your income cannot be verified by using either of the forms listed above, please attach a separate document explaining your financial circumstances.

Guidance Counselor Information

Name:		Phone:	
Recommendation	Letters		
Specify below a School and a	Community Reference who will pro	vide recommendation	letters.
NOTE: Include both letters v	vith your application.		
1. School Reference (Teache	r, Principal or Coach)		
Name:	Title:		Phone:
2. Community Reference (W	/ork Supervisor, Religious Leader, e	tc.)	
Name:	Title:		Phone:
College Choices			
Please list your top four colle	ge choices below.		
1		3	
2		4	
Essay			
Please provide a 250-500 wo	ord essay in response to either (A)	or (B) below. Please s	ubmit single-sided documents only.
(A) Choose one extracurr	icular or community activity that yo	ou are involved in and to	ell us why it is significant to you.
	Or		

(B) Submit one essay that you plan to send as part of a college application. This may be on any topic.

Transcript, Honors, Activities

Please attach a copy of:

- (1) Your high school transcript, including all regents scores, SAT, ACT and first semester grades.
- (2) Your extracurricular, community, or any other activities. (*List in order of importance and provide dates participated*).
- (3) Any awards or honors you have received.

Application Checklist

To be sure your application is complete please review and complete this checklist.

ALL of the following items are required and must be submitted single-sided in order to consider your application.

Tax Returns In order for your application to be considered, <u>all pages of the applicable tax return must</u> be submitted

High School Transcript

- SAT/ACT Scores
- List of extracurricular, community and other activities (if not listed on transcript)
- Essay

- Two Recommendation Letters
- Honors or awards (if not listed on transcript)

Student Signature

I certify that all of the information provided in this application is complete and correct to the best of my knowledge. (*print and then sign - original signature required*)

Signature			Date
How did you hear about the Jar	ndon Scholarship Prog	gram? (Select one)	
O Guidance Counselor	○ Friend	○ Parent	•
O Other: (specify)			

