

# 2017 Jandon Foundation Scholarship Application

**Application Deadline: February 17, 2017**

**RETURN TO:** Jandon Scholars c/o Westchester County Board of Legislators  
148 Martine Avenue, 8th Floor, White Plains, New York 10601

**REQUIREMENTS:**

1. Graduating senior from a Westchester County public high school.
2. Will attend a four year accredited university and obtain a bachelor's degree.
3. 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; [Melanie.montalto@jandonscholars.org](mailto:Melanie.montalto@jandonscholars.org)

## 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 or permanent resident?  yes  no If not, explain \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

## School Information

Name of High School: \_\_\_\_\_ Expected date of Graduation: \_\_\_\_\_

Cumulative GPA (*Grades 9, 10, 11, 12-1st semester*): \_\_\_\_\_ SAT Scores: \_\_\_\_\_ ACT Scores: \_\_\_\_\_

**NOTE: Proof of GPA and Scores must be enclosed. Please submit single-sided documents only.**

## Family Information

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*NOTE: Please provide information for **both** parents/guardians.*

### 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

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### Household Size:

### Annual Income:

2 persons

\$20,000

3 persons

\$25,000

4 persons

\$30,000

5 persons

\$35,000

6 persons

\$40,000

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 \_\_\_\_\_

Did you apply for EOP/HEOP or SEEK?  Yes  No \_\_\_\_\_

Have you filed your FAFSA?  Yes  No

With whom did you reside in the last 12 months?

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Were you claimed as a deduction on the above referenced person's income tax return?  Yes  No

If no, please provide information for the person who claimed you as a dependent:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### IMPORTANT:

Provide the following information from any tax return on which you were claimed as a dependent and the tax return from any additional person who will be assisting you with tuition payments:

Pages 1 and 2 of the tax return

Schedules A, B, C, and E if these attachments were required to be filed

Provide a W-2 form for each employed adult 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.

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

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Recommendation Letters

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Specify below a School and a Community Reference who will provide recommendation letters.

**NOTE: Include both letters with your application.**

### 1. School Reference (Guidance Counselor, Teacher, Principal, or Coach)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Community Reference (Work Supervisor, Religious Leader, etc.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

## College Choices

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Please list your top four college choices below.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

## Essay

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Please provide a 250-500 word essay in response to either (A) or (B) below. *Please submit single-sided documents only.*

(A) Choose one extracurricular or community activity that you are involved in and tell 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

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Please attach a copy of:

(1) Your first semester grades, high school transcript, including all regents scores, SAT, and ACT.

(2) Your extracurricular, community, or any other activities.

## Application Checklist

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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, **all** pages of the applicable tax return **must** be submitted*
  
- High School Transcript
  
- SAT/ACT Scores
  
- List of extracurricular, community and other activities (if not listed on transcript)
  
- Essay
  
- Two Recommendation Letters

## Student Signature

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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 Jandon Scholarship Program? *(Select one)*

- Guidance Counselor       Friend       Parent
- Other: *(specify)* \_\_\_\_\_

PRINT FORM