

CJTF Application Form for Selected Scholarships 2020-2021 Academic Year

PLEASE NOTE: This application is to be used ONLY if you are applying for one or more of the scholarships listed below with return address:

- Cheryl Jackson Tyler Memorial Scholarship (DCMCSF)
- CJT Foundation (STEM)
- CJT Foundation Scholarship (Med)

Return Address: PO. Box 1507,
Woodbridge, VA 22195

These scholarships are available to high school students and home-schooled students. This scholarship application form **must be submitted to each selected scholarship provider.** See General Instructions below for additional information about completing this application. **You can find specific information about each scholarship at www.CJTFOUNDATION.org or from your school's Guidance Office (if a designated participant).**

General Instructions to Applicant

1. Make a copy of the blank application form and complete a draft copy first.
2. Return a typed or neatly printed application to the address below or electronically via email: by the deadline due date. This application is the first impression you will make upon those who award scholarships.
3. **Check with your guidance counselor and/or the scholarship provider concerning additional requirements.** Certain scholarships require additional information such as the FAFSA application, written essays, or specific financial documents.
4. Write a one to two page essay on how this scholarship would help you achieve your desired career goals.

1. Personal Information

Full name of applicant _____ Nickname _____
Home telephone number _____ Email address _____
Present home address _____
City _____ State _____ Zip _____
Number of years lived in the USA? __ Citizenship _____
Date of birth _____ Social Security Number _____

2. Family Information

Mother's name _____	Father's name _____
Occupation _____	Occupation _____
Street address _____	Street address _____
City,ST,Zip _____	City,ST,Zip _____
Phone number _____	Phone number _____

Name and ages of siblings/other dependents. Indicate what school(s) they attend.

Name	Relationship	Age	School or college/years attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Education

a. Name all secondary and/or technical schools you have attended in the last five years. List the school you are presently attending first.

b. How many years do you plan to attend college, and what course of study would you like to pursue?

c. What future business or educational career will you likely pursue after finishing college?

d. What college(s) would you most like to attend? Please explain your reason.

e. What colleges have you applied to for admission? Please indicate acceptance status.

f. List scholarships, grants or loans for which you have applied, and check the ones you plan to use. Indicate funding amount you will receive.

Name	Amount	Plan to use
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4. Academic, athletic, service, and extra activities. Use additional pages or attach resume for sections 4a, 4b, and 4c.

a. List academic awards, achievements and dates.

b. List participation in athletic activities.

c. List participation in community service and extra-curricular activities.

5. Employment History

List jobs you have held in the last three years.

Employer Dates Hours per week Position Salary

6. Your Expected Cost of College:

Please provide the following information for each school that you apply.

	<i>College _____</i>	<i>College _____</i>	<i>College _____</i>	<i>College _____</i>
<i>Tuition</i>				
<i>Room/board</i>				
<i>Books/supplies</i>				
<i>Clothing/personal</i>				
<i>Entertainment</i>				
<i>Transportation</i>				
<i>Scholarship money available?</i>				
Total Annual Cost				

7. Financial Need Summary

Complete this section regarding Estimated Combined Net Income of you, your parent(s) or guardian(s) for the current year. Please attach a copy of your and your parent’s most recent Federal Income Tax statement to the back of this application form.

Name of person

Income and year

Total annual income

b. Have you filed a FAFSA (Free Application for Federal Student Aid)? If so, please submit a returned copy showing your EFC (expected family contribution).

c. Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your college tuition. Use additional pages if necessary.

8. Transcript History

This section is to be completed by your principal or guidance counselor. Attach a certified transcript of the student's high school record to this sheet.

Ranking in senior class: _____ of _____

GPA: _____ on a _____ scale

Best Combined SAT Score: Verbal _____ Math _____ Writing _____

Best ACT Score: Date _____ Score _____

Signature of principal or guidance counselor _____

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____

Date _____

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