

Lisa Jones Memorial Scholarship Post-Secondary Education

Scholarship Application for the 2019-2020 school year

1. Personal Information

Full name of applicant _____ Nickname _____
Home telephone number _____ Email address _____
Home address _____
City _____ State _____ Zip _____
Date of birth _____

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 _____

3. Academic Honors and Activities

a. List academic awards, achievements and dates.

b. List participation in activities offered at your school.

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

4. **Academic Information** (include most recent High School Transcript in sealed envelope)

GPA: _____

Which institution do you plan to attend? _____

Estimated tuition cost/semester: _____

5. **Essay** (Attach a typed essay – one page, double spaced)

How have you shown determination, perseverance, and independence in your life?

6. **Physician Verification** (attach a written and signed verification from a physician that the person applying for this scholarship was born with Spina Bifida.)

Student Verification:

In submitting this application, I certify that the information provided is accurate to the best of my knowledge. Further, I certify that I meet the intent of the scholarship fund as stated in its guidelines. I understand that falsification of any information may result in the termination and forfeiture of a scholarship if one is granted to me.

Signature of Applicant _____ **Date** _____

Deadline for applications: April 30, 2019

Please send to:

Joyce Jones
Post-Secondary Education Scholarship
17367 Haxby Lane
Westfield, IN 46074-3352

If you have any questions please contact Joyce Jones at jjones91468@gmail.com or call 317-752-1172.