** ZONTA CLUB OF JEFFERSON CITY FOUNDATION**

***Second Chance Scholarship Application***

***ACADEMIC YEAR 2023-24***

**APPLICATION INSTRUCTIONS**

* Fill-In or Write (print clearly with black ink only)
* Only fully completed applications will be accepted. For questions that do not apply to you, please put N/A in the space
* Refer to the attached Criteria Sheet for scholarship eligibility requirements
* Attach all requested and supporting documents i.e. Transcripts, Letters of Reference, Issued Award Letter and Essay
* Application Deadline is June 1, 2023. Applications received after June 1, will be denied

**NOTE:** *Do not call to inquire about the results of scholarship selections.*

**SECTION 1: GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | MI |

|  |
| --- |
| Street/P.O. Box |

|  |  |  |
| --- | --- | --- |
| City | State | Zip |

|  |
| --- |
| Email Address |

|  |  |  |
| --- | --- | --- |
| Best Time to reach you? | Primary Ph. Number  ( ) | Alternate Ph. Number  ( ) |

|  |  |
| --- | --- |
| Date of Birth (Month/Day/Year) | Have you ever been convicted of a Felony  Yes No |

**SECTION 2: FAMILY INFORMATION**

*List all members in your household*

|  |  |
| --- | --- |
| Name of Household Member | Age |
| Name of Household Member | Age |
| Name of Household Member | Age |
| Name of Household Member | Age |
| Name of Household Member | Age |
| Name of Household Member | Age |
| Name of Household Member | Age |



***What is the total # of members in your Household?******(include yourself)***

**SECTION 3: CURRENT EDUCATION**

|  |
| --- |
| Name of current school you are attending? |

|  |
| --- |
| Street/P.O. Box |

|  |  |  |
| --- | --- | --- |
| City | State | Zip |

|  |  |
| --- | --- |
| Business Contact | Business Phone  ( ) |

|  |  |  |
| --- | --- | --- |
| Current Class Standing | Current GPA | Degree Plans |

**FORMER EDUCATION - HAVE YOU ATTENDED ANOTHER COLLEGE?Yes No**

*If YES, complete the section below*

|  |
| --- |
| Name of School |

|  |
| --- |
| Street/P.O. Box |

|  |  |  |
| --- | --- | --- |
| City | State | Zip |

|  |  |
| --- | --- |
| Business Contact | Business Phone  ( ) |

|  |  |  |
| --- | --- | --- |
| Years Completed | Completion Date (Month/Day/Year) | Degree |

Upload Transcript

**NOTE:** *Attach or upload an official copy of current school transcript or GED.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 4: FINANCIAL NEED**

What is your Student Enrollment Status? Full-time Part-time



How many Credit Hrs do you plan to complete in each Semester of the Awarded Academic Year?

3 6 9 12 15+







Undergraduate Class Year?

1st 2nd 3rd 4th 5th







**School Expenses (list the fees to attend the participating school)**

Projected Tuition $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Book Fees $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technology Fees $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internet Service $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation (Bussing, Taxi, Gas, etc.) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Fees (explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total School Expenses = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Aid (personal cash and other income you will contribute to the cost of your schooling)**

Cash received from other Scholarships $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grants (Pell, MO Access, FAFSA & SEOG) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Benefits received $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Savings Account $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Reimbursement from Employer $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trust Fund or Monitor Gifts receive $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income Sources (explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Financial Aid Received = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DETERMINATION OF CERTIFIED ACADEMIC FINANCIAL NEED**

|  |  |  |
| --- | --- | --- |
| **Total School Expenses** (fees to attend participating school) | **+** | **$** |
| **Total Financial Aid** (personal cash and other income) | **-** | **$** |
| **Total Certified Academic Financial Need** | **=** | **$** |

**NOTE:** *Attach or upload a copy of (SAR) Student Aid Report or Award Letter*

Upload (SAR) Student Aid Report or Award Letter

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 5: ACADEMIC STATEMENTS**

**Letters of Recommendation:** *Upload or Mail (2) Letters from Non-Relatives to:*

Zonta Club of Jefferson City Foundation

Upload Two Letters of Recommendation from Non-Relatives

P.O. Box 106021

Jefferson City, MO 65110

**References:** List (2) two other persons who have know you for five (5) years or more

|  |  |
| --- | --- |
| **Reference #1** - Last Name | First Name |

|  |  |
| --- | --- |
| E-mail (preferred) | Daytime Phone #  ( ) |

|  |  |
| --- | --- |
| **Reference #2** - Last Name | First Name |

|  |  |
| --- | --- |
| E-mail (preferred) | Daytime Phone #  ( ) |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 6: WORK EXPERIENCE**

Are you currently Employed: Full-time Part-time

Average number of hours you work each week:



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 7: ESSAY**

*Upload or Attach an essay explaining how this scholarship will give you a "Second Chance"!*

Upload "Second Chance" Essay

**NOTE:** Submit a typewritten essay with no less than 200 words and no more than 400 words.

**SECTION 8: CERTIFICATION STATEMENT & AUTHORIZATION**

|  |
| --- |
| Name of School Attending or Accepted to: |

|  |  |
| --- | --- |
| Pursuing Degree | Projected Graduation Date (Month/Day/Year) |

I affirm that all statements and documents attached to this application are true, complete and correct.

I authorize the Zonta Club of Jefferson City Foundation to investigate all matters deemed relevant to my application including statements, attachments and supporting documents. I also authorize the Foundation to request and receive such information and release said Foundation from all liability that might result from making such an investigation.

I hereby request financial assistance to help pay for and pursue my education and that this scholarship will be used for that purpose and that purpose only.

|  |  |
| --- | --- |
| Applicants Signature  X | Date (Month/Day/Year) |

**NOTE:** Print completed application - mail before June 1, 2023 to:

Zonta Club of JC Foundation

P.O. Box 106021

Jefferson City, MO 65110

Atten: Second Chance Scholarship

If additional assistance is needed, please contact:

Whitney Scurlock

Second Chance Scholarship Committee Chair

2ndchancescholarship@gmail.com

**APPLICATION CHECKLIST**

Before you mail or submit your application, please verify the following items are complete and enclosed.

* Fully completed and signed application
* Two Letters of Recommendation
* Letters must be type written
* Letters may also be uploaded online using the link above
* The writers can enclose or mail the letters directly to the Zonta Club of Jefferson City Foundation using the address above
* Official copy of your latest transcript
* Award Letter or SAR (Student Aid Report)
* Type written Essay (no less than 200 words and no more than 400 words)

Thank You and Good Luck!