**J.P. HALL, SR. CHILDREN’S CHARITIES**

**2019 GUIDELINES FOR SCHOLARSHIPS FOR COLLEGE STUDENTS**

Purpose: To assist deserving previous recipients of J.P. Hall Charities Scholarships that are now attending St. Johns River State College or the University of North Florida and are in financial need to continue their collegiate education.

Eligibility: Previous recipients of J.P. Hall Charities scholarships who have a demonstrated need for financial assistance to continue their collegiate education and meet the following criteria:

1. Must be a resident of Clay County.
2. Must be drug free during the terms of scholarship.
3. Must be free from disciplinary action both in the college and community.
4. Must have, and maintain, a GPA of 2.5 each semester.
5. Must continue to attend either St. Johns River State College of the University of North Florida.
6. Must be willing to volunteer ten (10) hours of service with the J.P. Hall Charities
7. Students must submit a completed application. Partially filled out applications will not be considered.

Selection

Selection will be based primarily on the student’s financial need. Academic standing and other financial assistance the applicant already may have received will be considered.

All decisions by the Scholarship committee are final.

Terms

Scholarship funds will be paid directly to the college and will be deducted from the registration and tuition costs. Students attending St. Johns River State College may receive payment up to twelve (12) credit hours per semester. If a student elects to attend a different college, all scholarship funds are forfeited.

Directions for Submitting Application for Scholarship

1. Complete the application form on the next two pages.
2. Attach a copy of your college transcript
3. Attach a brief essay, not less than 300 words nor more than 600 words. The essay must include the applicant’s name on each page. (The average, double spaced page equals approximately 287 words.) choose from the following topics for your essay:
4. What I find to be the difference between high school and college
5. What has been my best or worst experience as a college student.
6. Forward application to:

J.P. Hall Children’s Charities

P.O. Box 395

Green Cove Springs, FL 32043

 Or may be dropped off to:

 Mr. Ronnie Robinson

 3170 US Highway 17

 Green Cove Springs, FL 32043

**APPLICATIONS MUST ARRIVE NO LATER THAN MARCH 15, 2019**

**Applicants may be called for an interview.**

**J.P. HALL, SR. CHILDREN’S CHARITIES OF CLAY COUNTY**

**2019 SCHOLARSHIP APPLICATION**

**NOTICE: THIS FORM IS TO BE USED ONLY BY COLLEGE STUDENTS WHO PREVIOUSLY HAVE RECEIVED A SCHOLARSHIP FROM THE J.P. HALL CHILDREN’S CHARITIES**

**INSTRUCTIONS:** Please type or print and fill out using black ink. Fill out application completely. Incomplete applications will NOT be considered.

1. **Date of Filing**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Application Information**

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

 (Last) (First) (Middle)

Preferred to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Number and Street)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Family Information**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Mother’s name) (Father’s name)

Parents: (Circle all that apply) Married Separated Divorced

With whom do you live with? Mother Father Guardian Step-Parent Grandparent

Father’s Occupation and Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Occupation and Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Annual Income: \_\_\_\_\_ Up to $25,000 \_\_\_\_\_ $25,000 - $40,000

\_\_\_\_ $40,000 - $65,000 \_\_\_\_\_ $65,000 - $90,000 \_\_\_\_\_ $90,000+

Number of brothers/sisters and age of each: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other siblings attending college: (age and college) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have another family member who has applied in the past or is applying this year for this scholarship? Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Percentage of college cost will be paid by:

Yourself\_\_\_\_\_\_\_\_\_ Parents\_\_\_\_\_\_\_\_ Other (specify)\_\_\_\_\_\_\_

Are you or your parents participants in the Florida Prepaid College Program? Yes\_\_\_ No\_\_

If yes, please describe the program in which you are registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sharing in Florida Bright Futures? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, please share how much you are receiving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What college are you now attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Academic Information**: **Please attach a copy of your complete college transcript.**
2. **College Activities**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Work Experience during college attendance**. (list most recent jobs first.)

Employer Position Date Employed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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As a component of this scholarship, you must serve ten hours of service with the J.P. Hall Charities. Are you willing to make this commitment? Yes\_\_\_ No \_\_\_

I authorize the J.P. Hall Children’s Charities to request information from my college regarding my academic record and conduct.

I certify that the information contained in this application is true and correct.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_