

# COMMUNITY FOUNDATION OF JACKSON COUNTY

## Nontraditional Students Scholarship Application

*Applications must be completed and returned to the office of the Community Foundation of Jackson County, P.O. Box 1231, Seymour, IN no later than June 28, 2024.*

**Date**

### **A. PERSONAL INFORMATION**

**Name**

**Home Address**

**Home/Cell Number**

**Date of Birth**

**Town and State of Birth**

**Email Address**

### **B. EDUCATION**

**High School Graduation:**

**Date**

**High School**

**Are you currently attending college? If so:**

**Current College**

**Semesters completed**

**Major**

**Career Interests**

**(If applicable, please attach a copy of your college transcripts and/or proof of current enrollment.)**

**Reasons for returning to school:**

**C. EMPLOYMENT INFORMATION**

**Current Employer**

Dates Telephone Number

**Previous Employer**

Dates Telephone Number

**Previous Employer**

Dates Telephone Number

Career Goals:

**D. CONSENT/RELEASE**

I attest that the information I have provided is true and accurate. I also understand that my name and photograph may be used by the Community Foundation of Jackson County for public relations purposes.

Signature

Date