



AGATHA JACKSON LIFE ENRICHMENT NETWORK

2026 Scholarship Fund Application Form

Demographic Information

Applicant's First Name: _____

Applicant's Middle Name: _____

Applicant's Last Name: _____

Applicant's Date of Birth: _____

Applicant's Gender: _____

Applicant's Address: _____

Applicant's Email Address: _____

Applicant's Phone Number: _____

Name of Your Current School: _____

Start Date at Your Current School (Month and Year): _____

Did You Complete Grades 1, 2, 3, 4, 5, and 6 at Your Current School? Yes _____ No _____

What is the name of the high school you wish/plan to attend in September 2026?

Where (city and parish) is the high school you plan to attend in September 2026 located?

Mother's Full Name: _____

Mother's Occupation: _____

Mother's Place of Employment: _____

Mother's Email Address: _____

Mother's Phone Number(s): _____

Father's Full Name: _____

Father's Occupation: _____

Father's Place of Employment: _____

Father's Email Address: _____

Father's Phone Number(s): _____

If you **DO NOT** live with your mother or father, complete this section for your guardian or person who takes care of you. (***Complete this section only if applicable or write N/A***):

Guardian's Full Name: _____

Guardian's Occupation: _____

Guardian's Place of Employment: _____

Guardian's Email Address: _____

Guardian's Phone Number(s): _____

Write Your Name Here: _____

Applicant's Statement of Financial Need

In your own words, please explain why you need the scholarship **AND** how you will use it

Write Your Name Here: _____

Applicant's Educational Goals and Plans

In your own words, *please complete the sections below about your educational goals, steps you will take to achieve your goals, people who will support you along the way, and where you see yourself in the next 10 years.*

My Educational Goals: _____

My Plan to Achieve My Goals: _____

People Who Will Support Me: _____

Where I Envision Myself in the Next 10 Years: _____

Write Your Name Here: _____