

Oliver Jenkins Family Organization Youth Scholarship

Scholarship Application

Scholarship Application Submissions Opens May 1st and Closes on May 31st

		Арр	licant	t Information		
Full Name:				_ Date:		
	Last First			M.I.		
Address:						
	Street Address			Apartment/Unit #		
	City			State ZIP Code		
Phone:				Email:		
Are you a descendant by blood?		YES	NO	YES NO Are you 26 years of age or younger?		
Are you des	scendant by adoption?	YES	NO	Current Age?		
Are you a descendant by marriage?		YES	NO	Have you been accepted by a YES NO university/college/technical school? ☐ ☐		
Which brand of the Oliver Jenkins fam tree are you from?:	r nily					
List each far member in y direct lineag Oliver Jenki	your ge to					
	Un	iversity/	Colle	ge/Technical School		
University/ College/ Technical School Nam	ne:		Addres	s:		
Career interest:						
Major:						
Current GPA:						

250-Word Essay/2-Minute Video Required

Please include a 250-word essay or a 2-minute video answering the following questions.

- 1. What does being a Jenkins mean to you?
- 2. What have you done and plan to do for the betterment of your community?
- 3. Submit application and essay or video to Cheryl Roberson at ojenkinsfamily@gmail.com or you can call Cheryl at 813-361-9559 if more information is needed.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to selection for scholarship, I understand that false or misleading information in my

application or interview may result in disqualification.	-	•
Signature:	Date:	