

Application for the Jamie Bax Memorial Scholarship

www.JmeBax.org / admin@JmeBax.org

Personal Information:

First & Last Name: _____

(Please Print, or Type, Your Full Legal Name.)

Date of Birth: _____

Gender: M _____ F _____ Single: _____ Married: _____

Have you ever been convicted of a crime? Yes _____ No _____

(If yes, please explain on a separate page.)

Prior Application?

Have you ever applied for this scholarship in a previous year?

Yes _____ No _____ If yes, did you receive one? Yes _____ No _____

If yes, what year(s)? _____

Family Information (if not married):

Your Parent's Names: _____

Your Parent's Professions: _____

Number of Siblings: _____ Number of Siblings with CF: _____

Age(s) of Siblings: _____

Family Information (if married):

Spouse's Name: _____

Number & Ages of Dependent Children: _____

Permanent Residence:

(Home address: Family's primary residence and for school registration.)

Street Address: _____

City, State Zip: _____

Contact Information:

Home Phone Number: _____

Cell Phone Number: _____ Who's No.? _____

(Note: Who's number does this belongs to? The Applicant or a Parent or Guardian.)

Email Address: _____ Who's Email? _____

(Note: Who's email address this belongs to? The Applicant or a Parent or Guardian.)

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Educational Information:

High School Attended:

High School Name: _____

Address, City, State: _____

College-Level Courses: _____

Current GPA (include scale): _____

Date of Graduation: _____

Please list all extra-curricular activities (high school, college, and non-school related) and preferably in the order of your importance:

Undergraduate or Post Grad School:

Name of Institution: _____

Address, City, State: _____

Current GPA (include scale): _____

Current Academic Status (College Freshman, etc.): _____

Your Major(s): _____

Number of credits earned to date: _____

Total number of credits required for completion: _____

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Application Certification:

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate or misleading information or omission will be cause for the rescission of any grant offered to me. I affirm that I plan to pursue higher education as defined in those documents. I permit officials of my institution to release transcripts of my academic record and other information requested for consideration in this scholarship. I understand that this application will be available only to qualified people who need to see it in the course of their duties.

Privacy Statement:

We will not sell, share, or distribute the information you submit with your scholarship application to any third parties. The information you submit will be used only for determining the scholarship recipient and securely deleted within 90 days after the selection period.

Disclaimer:

By signing this application, the applicant, if they are selected as a scholarship award recipient, permits us to publish limited information on our website. This will include the following: applicant's photo, applicant's name (first name & last initial), school, life ambitions, and any scholarship award they receive.

Applicant's Signature: _____

Applicant's Name: (print) _____

Date: _____

Parent's Signature: _____
(If the applicant is under the age of 18.)

Parent's Name: (print) _____

Date: _____