

Application for the Jamie Bax Memorial Scholarship

www.JmeBax.org / admin@JmeBax.org

Personal Information:

Full Legal Name (Please Print or Type)

First & Last Name: _____

Date of Birth: _____

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

Have you previously applied for this scholarship before?: Yes _____ No _____

Did you receive one?: Yes _____ No _____ If Yes, Date: _____

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

(If yes, explain on a separate page.)

Family Information (not Married):

Father's Name: _____

Father's Profession: _____

Mother's Name: _____

Mother's Profession: _____

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

Age(s) of Siblings: _____

Family Information (if Married):

Spouse's Name: _____

Number of Dependent Children: _____

Permanent Residence:

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

Street Address: _____

City, State Zip: _____

Mailing Address:

(If different than Permanent Residence)

Street Address: _____

City, State Zip: _____

Contact Information:

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Application for the Jamie Bax Memorial Scholarship

www.JmeBax.org / admin@JmeBax.org

Educational Information:

High School Attended:

High School Name: _____

School Address: _____

College-Level Courses: _____

Current GPA (include scale): _____

Date of Graduation: _____

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

Undergraduate School:

Name of Institution: _____

Address of Institution: _____

Student I.D. Number (if available): _____

Current GPA (include scale): _____

Current Academic Status (H.S. Senior, College Freshman,
College Sophomore, etc.): _____

Your major(s): _____

Number of credits earned to date: _____

Total number of credits required for completion: _____

Graduate College:

Name of Institution: _____

Address of Institution: _____

Student I.D. Number (if available): _____

Current GPA (include scale): _____

Your Major(s): _____

Number of college credits earned to date: _____

Total number of credits required for graduation: _____

Application for the Jamie Bax Memorial Scholarship

www.JmeBax.org / admin@JmeBax.org

Date of Graduation: _____

College/University Name and Location: _____

Major: _____

College or University GPA: _____

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 30 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: _____