



THE JEFFREY M. SHUMAKE MEMORIAL SCHOLARSHIP FUND AWARD APPLICATION

PURPOSE OF THE AWARD

The scholarship is awarded in memory of Jeffrey M. Shumake, a son, a brother, a friend, and an athlete who exemplified a person of character and integrity. The Jeffrey M. Shumake Memorial Scholarship Fund seeks to assist a student of the Central League or a member of the Ambler Olympic Club in meeting their financial obligations at an accredited college or university.

ELIGIBILITY REQUIREMENTS TO RECEIVE THE AWARD

- *The applicant must be a graduate of the **Central League** or a member of **The Ambler Olympic Club**.*
- *The applicant must provide proof of acceptance into an accredited college or university.*
- *The applicant must be able to exhibit need for financial assistance and has filed a Free Application for Federal Student Aid (FAFSA). Only the cover page verifying filing is necessary.*
- *The applicant must have **two letters** of recommendation submitted by persons other than relatives. These letters must be from school staff, church affiliates or community members.*
- *The applicant must be able to attend an interview with the selection committee via ZOOM.*
- *All information must be received by the committee **May 15, 2022***
- *Our mailing address is **JMSMSF, P.O. Box 2723, Bluffton SC 29910.***
- *Recipients of the scholarship grant are encouraged to attend the annual picnic/walk in July of each year. It is held the Saturday closest to July 11, which was Jeff's Birthday. This year the date will be _____*



Jeffrey M. Shumake

MEMORIAL SCHOLARSHIP FUND

Applicant Information

Student's DOB:		
Students Name:		
Permanent Mailing Address:		
City:	State:	Zip:
Telephone #:		
Name of School:		
Telephone # of School:		
School Address:		
City:	State:	Zip:
Name of Counselor:		
Name of Parent or Guardian:		

Financial Status - *(Please attach proof of income, i.e. W-2 Form, DPA, SS, etc.)*

Yearly Gross Family Income:
Number of Dependents on Family Income: _____ Children: _____ Adults: _____
Number of Family Members in College: _____
What % of your college cost will your family be able to contribute? _____
What % will other sources provide? _____

ACTIVITIES

High School Activities

•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Honors

•	•	•
•	•	•
•	•	•
•	•	•

Activities Outside of High School

•	•	•
•	•	•
•	•	•

Work Experience: _____

COLLEGE ACCEPTANCE

Colleges or Universities where you have been accepted

•	•	•
•	•	•
•	•	•
•	•	•

I hereby declare that all statements are true to the best of my knowledge. I have requested an official transcript to be forwarded to the Jeffrey M. Shumake Memorial Scholarship Fund Scholarship Committee.

I am willing to appear for a personal interview and forward additional information if necessary.

I agree to accept the decision of the JMSMSF Scholarship Committee.

SIGNATURE OF APPLICANT	Date
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Authorization

Name of Applicant (Print Name Here)

I authorize FASFA to release information contained on any financial aid application that I have filed with FASFA and to have it sent to the administrators of the Jeffrey M. Shumake Memorial Scholarship Fund. This information will be used by the Jeffrey M. Shumake Memorial Scholarship Fund Committee to assess my financial need in conjunction with financial aid made available through state and federal programs.

Name of Applicant (Print Name Here)

I authorize the Registrar's Office to release information verifying my enrollment and to release my official transcript to the administrators of the Jeffrey M. Shumake Memorial Scholarship Fund.

I hereby grant permission to the Financial Aid Office and/or the Bursar's Office to release my Financial Aid Award Letter with appropriate college costs to the administrators of the Jeffrey M. Shumake Memorial Scholarship Fund.

I understand that all information released to the Jeffrey M. Shumake Memorial Scholarship Fund will be kept confidential and cannot be released to a third party without my written permission.

I authorize the JMSMSF to use a brief bio and my picture on their website and their announcements of fundraisers.

SIGNATURE OF APPLICANT	DATE
College ID (If known)	
Witness' Signature	DATE
Witness' Name	DATE



Jeffrey M. Shumake

MEMORIAL SCHOLARSHIP FUND

Essay Portion of the Application: *(500-700 Word Essay)*

- ✓ Write a short essay that describes areas in your life where you demonstrated leadership and overcame obstacles either through your school, social, or family life.
- ✓ What's the most difficult challenge you've ever faced? How did you handle it?

