

ELISABETH BROWN & ROBERT STANLEY JACOBSON
SCHOLARSHIP APPLICATION
REQUIRED APPLICATION INFORMATION

NAME _____ PHONE NO. _____

ADDRESS _____

PARENT (GUARDIAN) NAME _____

ADDRESS _____

OCCUPATION: FATHER _____ MOTHER _____

AGE _____ NUMBER OF SIBLINGS _____

DO YOU NEED FINANCIAL ASSISTANCE TO CONTINUE YOUR EDUCATION? _____
IF YES, EXPLAIN ON PAGE 2

HAVE YOU BEEN AWARDED OTHER SCHOLARSHIPS? _____ AMOUNT _____

ARE YOU A CHURCH MEMBER? _____ IF YES, WHERE? _____

CLASS RANK (Choose one) _____ Top Half _____ Bottom Half _____ Unknown

HAVE YOU BEEN ACCEPTED FOR POST HIGH SCHOOL EDUCATION OR TRAINING IN AN ACCREDITED SCHOOL? _____

NAME OF SCHOOL _____ LOCATION _____

Briefly describe any significant accomplishments: _____

Briefly describe your career plans: _____

List your extra-curricular activities in school: _____

Describe your church/community activities: _____
