



Scholarship Application
Josephine County Home Builders Association

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Gender: Male ___ Female ___ Date of Birth: _____

Number of Years as Resident of Josephine County: _____

Do you have a Felony conviction? _____ If yes, are all terms of the conviction satisfied? _____

EDUCATIONAL BACKGROUND

High School Attended: _____ Graduation Date (Month/Year): _____

Do you hold a GED certificate? Yes (Month/Year) _____ No _____

Career Plans

What is your field of study: _____

In order of preference, what college or program do you plan to attend?

1st school: _____ Status: Applied Pending Accepted

2nd school: _____ Status: Applied Pending Accepted

PERSONAL AND FINANCIAL INFORMATION

How many members are in your current household? _____

How many dependent children are in the household? _____

Annual Household Gross Income: _____

FAFSA EFC (Expected Family Contribution): _____

DISCLAIMER AND PERMISSIONS

Yes No I give permission for selection committees to contact my high school for additional academic / financial information needed.

Yes No I give permission to the Josephine County Educational Fund to publish my photo on the website and in other media to promote JCEF and its scholarship program.

Yes No If selected to receive a scholarship, I give permission to the Josephine County Educational Fund and the scholarship donor to publicize the award through their choice of media.

REQUIRED ATTACHMENTS

In order for this application to be considered, attach the following items:

- Professional Resume
- 2 Letters of Recommendation from employer, teacher, school counselor or clergy
- Personal Statement explaining/demonstrating desired outcome/goals within the trade. Up to 750 words (no more than two pages, double-spaced)

REQUIRED SIGNATURES

By signing this application, I guarantee the accuracy of the application and the documents that will be added to the application packet. And, if requested agree to provide proof of this information. I authorize the Josephine County Educational Fund to share my application with scholarship processing and review staff, donors and selection committees for the purpose of determining eligibility and selecting awardees.

Applicant Signature: _____

Date: _____