



jeffstateonline.com
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JEFFERSON STATE CC
STUDENT SCHOLARSHIP
APPLICATION

FOR OFFICE USE ONLY
RECOMMENDATION:
ESSAY:
HOURS at JSCC:
TRANSFER HOURS:
TOTAL HOURS:
GPA:

Scholarship application deadline is March 1. Applicants must have completed at least 12 semester hours at JSCC prior to March 1, and must have maintained a cumulative minimum 3.0 GPA. This application and one recommendation from an instructor should be returned to the JSCC Financial Aid Office. Also required is a two page essay stating what your future educational plans are and how JSCC has helped you with your plans.

Academic Year

1. Personal Information

Name Last First Middle Social Security No.

Address Street No. City State Zip County

Home Phone Cell Phone Birthdate Mo./Day/Yr.

Marital Status Email

Citizenship(Must be U.S. Citizen or provide proper documents) Sex

Employer Work Phone

Members of your immediate family with whom you live

2. Academic Information

Major Beginning enrollment at JSCC: Term Year

Last term attended: Anticipated graduation/transfer: Term Year

Hours enrolled this term Hours attempted at JSCC Hours passed

Other colleges attended _____

High school attended _____ Year graduated _____ ACT Score _____

3. Scholarship Information

Are you currently receiving a scholarship? _____ If yes, which one(s) _____

Indicate scholarship(s) for which you are applying:

Academic _____ Organization _____ Any _____ Other _____

If other, indicate which type _____

4. Activities

List school or community service activities (i.e. clubs, offices held, etc.) _____

5. Financial Resources

Will Vocational Rehabilitation or another agency pay your tuition and fees? _____

Has either of your parents or legal guardians graduated from a four-year college? _____

I grant permission to release information from my educational and financial records to scholarship donors. If I am awarded a scholarship, I grant permission to Jefferson State Community College to issue press releases.

Applicant's Signature

Date



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Enrollment Services/Financial Aid

SCHOLARSHIP
RECOMMENDATION

Return to Financial Aid Office, Room 104 Allen Library
Jefferson State Community College
2601 Carson Road
Birmingham, AL 35215-3098

Academic Year _____

Student's Name: _____ Social Security No.: _____

Recommended by: _____

I have known this student as: (Check all applicable areas)

- A member of class which I teach. Name of course(s) _____
A participant in a club, committee, or other school function with which I am associated (specify nature of participation in comments section below).
A worker under my supervision. (Organization/Company) _____
Other (Specify) _____

Reasons for Recommendation: _____

Comments: _____

Signature Title/Position Date

