

# Jacob Cole Schneider Memorial Scholarship Application Form

to be awarded by the Jacob Cole Schneider Family Foundation

Last Name:	First Name:
Home Address:	
City, State, Zip:	
Email address:	Phone No.:
<p>Eligibility: Please indicate your eligibility:</p> <p> <input type="checkbox"/> Dixon High School Graduate      Graduation year _____  <input type="checkbox"/> Maine Prairie High School Graduate      Graduation year _____  <input type="checkbox"/> Davis High School Graduate      Graduation year _____  <input type="checkbox"/> Da Vinci High School Graduate      Graduation year _____  <input type="checkbox"/> Attended St. James elementary      What year/s did you attend _____         </p>	
<b>For those who have not attended college yet</b> , which institution, college or universities have you applied to? (Name the top 3) <i>(if you already attend or have attended a post-secondary program, skip to the next section.)</i>	Have you been accepted?
1.	Yes                  No
2.	Yes                  No
3.	Yes                  No
<p><b>Complete if you are already enrolled in post-secondary program or certification:</b> Please list the program you are currently enrolled in or most recently completed. _____</p>	
If you completed a program and are transferring to another school, please list where you are planning to attend or have applied to: (list top 3)	Have you been accepted?
1.	Yes                  No
2.	Yes                  No
3.	Yes                  No
<p>Please auto fill, type, or clearly print using ink, your responses in the space provided using (no pencil).  <b><u>In addition to this application, include the items listed below (A-D). All items must be included for the application to be complete.</u></b></p>	

- A. **ESSAY:** Express what your goals are, how important it is for you to attend college and why and how this scholarship would make a difference in your future (Limit to one page) include your interests expectations and goals.
- B. **PROVIDE A LIST OF YOUR HIGH SCHOOL ACTIVITIES, COMMUNITY SERVICES, VOLUNTEER WORK and EMPLOYMENT during High School.** Any activities, club organizations or events in which you have participated in the school or community including church and any volunteer work outside school.
- C. **PROVIDE A COPY OF YOUR UNOFFICIAL TRANSCRIPT: High School transcript** for those who have not attended a post-secondary program, **OR College transcript** for those who have already enrolled. For those in a certification program, please provide equivalent such as letter of progress. (Official transcripts may be requested if selected to receive scholarship.)
- D. **PROVIDE A LETTER OF RECOMMENDATION FROM A TEACHER, COACH, COUNSELOR, EMPLOYER OR SIMILAR INDIVIDUAL.** Letters of recommendation can be included with the application, or mailed directly to the PO Box as long as they are received by the due date. (April 2, 2021.)

APPLICATIONS MUST BE SUBMITTED ON OR BEFORE **April 2<sup>nd</sup>, 2021.**

Submit this completed and signed (for auto-fill application, you may e-sign) application and all supporting documents to the Dixon High School Counseling Center; the Davis High School Counseling Center; email to colleenschneider22@gmail.com or mail to Jacob Cole Schneider Family Foundation; PO Box 454, Dixon, CA 95620

At times it is necessary to request enrollment status from your educational institution so that we can make or continue to provide scholarship award payments, and to maintain contact with scholarship recipients. Please read the following information carefully.

**Privacy Act Statement of 1974.** States “No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains, unless disclosure of the record would be to those officers and employees of the agency which maintains the record and who have a need for the record in the performance of their duties.”

**Consent to Disclose Information.** By signing this document, you hereby grant permission to Jacob Cole Schneider Family Foundation to share transcript and disclose application information with the Scholarships Selection Committee. Scholarship applications are reviewed by Committee members.

**CERTIFICATION & SIGNATURES**

<i>I (and my parent/guardian) certify and understand:</i>	<i>Parent Initials</i>	<i>Student Initials</i>
1. That information provided in this application is complete and may be verified as accurate.		
2. That falsification of application information may result in not being considered or selected for a scholarship, non-payment of award if selected, or termination and reimbursement of payment.		
3. That we have read the Privacy Act Statement and Consent to Disclose Information paragraphs above and give our consent for Jacob Cole Schneider Family Foundation to use the information provided in this scholarship application only for the purposes of scholarship selection and award of payment.		

**Applicant Signature:**

**Parent/Guardian Signature (if applicant is minor)**

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