



## Application

### The Jonathan Foundation Undergraduate Scholarship C/O 2020

#### Personal Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current High School: \_\_\_\_\_

Educational Program Information: Institution you plan to attend: \_\_\_\_\_

Type of education planned (degree/field of study) \_\_\_\_\_

Acceptance status: not yet applied / accepted / application under consideration

Anticipated cost of education per year: \_\_\_\_\_

#### General Information:

- Please provide your employment history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please list all organizations you are currently a member of and years of membership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please list your athletic involvement (school, church, recreation league etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please describe your future plans and goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please share your reasons for applying for this scholarship:

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- Please share your spiritual commitment:

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- Please list all scholarships applied for and awarded or pending:

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I certify that my application is truthful and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Checklist- Please be sure the following REQUIRED items are enclosed.

1. Two letters of recommendation from persons who have knowledge of your spiritual, athletic, service or academic qualifications.

Recommender 1: \_\_\_\_\_

Recommender 2: \_\_\_\_\_

2. Copy of transcript Please mail your completed application and enclosures to The Jonathan Foundation at P.O. BOX 900 Kannapolis, NC 28082-0900

**Application Deadline: May 1<sup>st</sup>, 2020**

**Mail to: The Jonathan Foundation at P.O. BOX 900 Kannapolis, NC 28082-0900**

*The Jonathan Foundation is a 100% volunteer, 501(c)(3) organization.*