**LUCILLE JABLONSKI COMMUNITY SERVICE SCHOLARSHIP**

JUNIOR WOMEN’S CLUB OF WOLCOTT

P.O. BOX 6116

WOLCOTT, CT 06716

This scholarship provides financial assistance to a senior in high school who is a resident of Wolcott, graduating in June.

One award of **$750.00** will be presented to a student who has been accepted by an accredited institution of higher learning and plans to enter that institution by September of the same year of his or her graduation from high school.

The award will be presented to the winner upon receiving a copy of a receipt from the college or book store equal to or greater than the scholarship. The monetary award will not exceed the scholarship.

This scholarship is intended for any student who is furthering his or her education and has played an active role in community service and/or volunteerism. These activities must be listed in your application.

Applicants must submit at least two (2) letters of recommendations to the Junior Women’s Club of Wolcott. At least one recommendation must come from the applicant’s high school teacher, preferably from a Junior or Senior teacher who instructed a major course. The second recommendation may come from another instructor or individual who has known the student for at least three years and is not related to the student. In addition to the recommendations, student’s secondary school record must accompany the application. The application must be signed by both the applicant and his or her guardian.

All applications must be returned to Wolcott High School Guidance Office or mailed to:

JUNIOR WOMEN’S CLUB OF WOLCOTT

P.O. BOX 6116

WOLCOTT, CT 06716

All applications must be postmarked by **April 2, 2019.** All applicants who meet the requirements for this scholarship will be considered. Selection for this scholarship will be made by a committee chosen by the Junior Women’s Club of Wolcott.

TO BE COMPLETED BY THE GUIDANCE COUNSELOR(S):

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank in class and scholastic average for 3.5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel that this student is working to his or her full potential? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

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

Guidance Counselor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED OUT BY THE STUDENT/APPLICANT:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Dependents at home: \_\_\_\_\_\_\_\_\_\_\_

 (including self)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of family members (other

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ than yourself) attending college: \_\_\_\_\_\_

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

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

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Father’s occupation and employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s occupation and employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or Accredited Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate Major or Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Fee (1 year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room & Board (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other financial aid and/or scholarships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EMPLOYMENT:**

Are you presently employed? \_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours/week? \_\_\_\_\_\_\_\_\_\_\_

Past employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to work this summer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extra-Curricular Activities**

List extra-curricular activities (sports, music, clubs, etc.)

Use an additional page if necessary

|  |  |  |
| --- | --- | --- |
| Activity description | What grade(s) in school? | Estimated hrs/wk |
|  |  |  |
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**COMMUNITY SERVICE/VOLUNTEER ACTIVITIES**

Use an additional page if necessary

|  |  |  |
| --- | --- | --- |
| Activity description | What grade(s) in school? | Estimated hrs/wk |
|  |  |  |
|  |  |  |
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Why do you feel that you should receive this scholarship? (Attach separate page if necessary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TO THE PARENT AND APPLICANT**:

We understand that the purpose of this obligation is to insure that the award of **$750.00** to which the applicant shall be used for the purpose of continuing his or her education at the institution to which the applicant has been accepted for his/her stated major. In the event that this obligation is not fulfilled by said applicant, the award of $750.00 will be refunded to the Junior Women’s Club of Wolcott.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_