

**Scholarship Application**  
**Josephine County Home Builders Association**

**APPLICANT INFORMATION**

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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**

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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?**

1<sup>st</sup> school: \_\_\_\_\_ Status:  Applied  Pending  Accepted

2<sup>nd</sup> school: \_\_\_\_\_ Status:  Applied  Pending  Accepted

**PERSONAL AND FINANCIAL INFORMATION**

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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**

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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**

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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**

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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: \_\_\_\_\_