Jamie P. Jackson
Memorial Scholarship Application
Sportsmanship · Leadership · Dedication

This Scholarship is presented by the Jackson family in memory of Jamie, who was a hardworking natural athlete of the class of 1983. He was a member of the 1982 and 1983 Championship Hockey Teams.

Eligibility Requirements: The Jamie P. Jackson Scholarship is available for all male athletes who have been involved in extra-curricular activities for four years. You must complete this form in its entirety, present it to one of your coaches asking for a letter of recommendation. Your coach's letter is a part of this application and must be returned to **kelly_jax@yahoo.com** or mailed to Mary-Paule Jackson, 14 Upper Weldon Street #8, St. Albans, VT 05478 by April 12th.

PERSONAL INFORMATION

NAME: _____

      LAST   **FIRST**   **DATE OF BIRTH**

ADDRESS: _____ **STREET/PO BOX** _____ **CITY** _____

_____ **PHONE:** _____

  STATE   **ZIP**

COLLEGE YOU WILL ATTEND OR HAVE APPLIED TO: _____

LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

EXPLAIN YOUR OCCUPATIONAL OR PROFESSIONAL AMBITIONS AND WHY YOU FEEL YOU SHOULD RECEIVE THIS SCHOLARSHIP. YOU MAY ATTACH A SEPRATE PIECE OF PAPER IF NECESSARY.

_____

_____

_____

_____

LIST YOUR ACTIVITIES HERE (use an additional sheet if needed)

_____   _____   _____

_____   _____   _____

_____   _____   _____

(continued on next page)

To clarify e-mail address: kelly_jax@yahoo.com

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PARENTAL & FINANCIAL INFORMATON

FATHER'S NAME:_____AGE:_____ OCCUPATION:_____

MOTHER'S NAME:_____AGE:_____ OCCUPATION:_____

A. NAME AND AGE OF DEPENDANTS WHO WILL RECEIVE MORE THAN HALF THEIR SUPPORT FROM CUSTODIAL PARENTS:

B. NUMBER OF DEPENDANT CHILDREN INCLUDING APPLICANT ATTENDING COLLEGE:

C. BASED ON THE MOST CURRENT FAMILY TAX RETURN INDICATE CUSTODIAL PARENT'S ADJUSTED GROSS INCOME. ROUND TO THE NEAREST $100. YOU WILL RECEIVE ZERO POINTS IF THIS INFORMATION IS NOT COMPLETED.

$_____.

D. ESTIMATED ASSETS BUDGET

PARENTAL ASSISTANCE: $_____

SCHOLARSHIPS & GRANTS: $_____

STUDENT CONTRIBUTION: $_____

OTHER: $_____

TOTALS: $_____

E.   ESTIMATED EXPENSE BUDGET

TUITION: $_____

ROOM: $_____

BOARD: $_____

OTHER: $_____

$_____

F. DIFFERENCE BETWEEN ESTIMATED ASSETS & EXPENSES: $_____

PLEASE SIGN AND DATE BELOW

_____DATE:_____
STUDENT)

_____DATE:_____
(MOTHER)

_____DATE:_____
(FATHER)