

**THOMAS B. JONES AND GRACE STEVENSON JONES  
CHARITABLE FOUNDATION  
230 WEST STATE STREET M-300  
SYCAMORE, ILLINOIS 60178**

**INSTRUCTIONS FOR APPLICATION**

1. Applications are to be submitted for one academic year only. The student who has received a previous Foundation scholarship must submit a renewal application for each succeeding year.
2. Use a typewriter or print in dark ink to complete the application form.
3. Do not leave any items unanswered. If a part or item does not apply to you, write N/A in the blank. Questions on parents' income must be answered to be considered for this Scholarship.
4. If insufficient space is provided for an item, use an additional blank piece of paper, identifying each response by the section and item number and make certain that your name and address appear on each additional page.
5. Your name **MUST** be on every page and you **MUST** Sign the application in the space provided.
6. Mail an official transcript of grades and credits earned through the first semester of your senior year (high school applicants) or transcripts covering a minimum of the previous two scholastic years (applicants in college).
7. Obtain the certification of the Dean's office (Section V of the application).
8. All application materials, including letter of recommendation must be **post-marked no later than March 1** prior to the academic year for which aid is being requested.

**RETAIN THIS SHEET FOR FUTURE REFERENCE**

This scholarship is available for students who are residents of **Grant, Iowa or Lafayette** counties in Wisconsin who are accepted for enrollment or are enrolled in a **duly accredited four-year** college or university located in the State of Wisconsin or other four-year college or university as is approved by the Trustee. **Only three scholarships may be awarded to students attending the University of Wisconsin-Platteville. The scholarship is only good for undergraduate studies. A student may only be awarded the scholarship for a maximum of four (4) years or eight (8) semesters.**

NAME OF APPLICANT \_\_\_\_\_

**THOMAS B. JONES AND GRACE STEVENSON JONES  
CHARITABLE FOUNDATION**

**Administered By:  
The National Bank & Trust Company of Sycamore  
230 West State Street M-300  
Sycamore, Illinois 60178**

**SCHOLARSHIP APPLICATION**

**I. Personal**

1. Name \_\_\_\_\_ 2. Age \_\_\_\_\_ 3. Birthdate \_\_\_\_\_  
Mo. Day Year

4. Permanent Address \_\_\_\_\_  
(Where mail will always reach you) Street City County State Zip Code

5. Address While in School \_\_\_\_\_  
Street City County State Zip Code

6. Home Phone \_\_\_\_\_ 7. Phone While in School \_\_\_\_\_

8. U.S. Citizen: \_\_\_ Yes \_\_\_ No 9. \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated  
Naturalization Date: \_\_\_\_\_

10. Sex \_\_\_ Male \_\_\_ Female 11. Veteran: \_\_\_ Yes \_\_\_ No 12. Social Security No. \_\_\_ / \_\_\_ / \_\_\_

13. Name of Spouse \_\_\_\_\_ Address \_\_\_\_\_

His/Her Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Ages of other dependents or list other siblings in your home who are in high school or younger \_\_\_\_\_

**II. Family**

If answer to #9 above is anything other than single, use your current status – husband/ wife etc.

1. Father's Name \_\_\_\_\_

2. Address \_\_\_\_\_ 3. Phone \_\_\_\_\_

4. Occupation \_\_\_\_\_ 5. Adjusted Gross Income \$ \_\_\_\_\_

6. Mother's Name \_\_\_\_\_

7. Address \_\_\_\_\_ 8. Phone \_\_\_\_\_

9. Occupation \_\_\_\_\_ 10. Adjusted Gross Income \$ \_\_\_\_\_

11. Will your parents assist with your education expenses? \_\_\_ Yes \_\_\_ No

12. If yes, what amount will they contribute for the period covered by this application? \$ \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

Are there any special circumstances that limit the amount of family financial assistance possible? If so, please describe.

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

13. Will you be receiving any other scholarships? \_\_\_ Yes \_\_\_ No If yes, what is the amount of the award? \_\_\_\_\_

14. Will any of your brothers or sisters be in college or graduate school during the year for which you are applying? \_\_\_\_\_  
If yes, how many? \_\_\_\_\_

15. List all scholarships that you have received in the past year for your college education.

<u>Name of Scholarship</u>	<u>Amount</u>
_____	_____
_____	_____

**III. Education**

1. Current Year of Education: \_\_\_ Senior in High School \_\_\_ Freshman in College  
\_\_\_ Sophomore in College \_\_\_ Junior in College \_\_\_ Senior in College

2. Name of Present School \_\_\_\_\_

3. Name of college(s) at which you are accepted and plan to attend \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

4. I expect to graduate from college on (month, year): \_\_\_\_\_

I expect to graduate high school (month, year): \_\_\_\_\_

5. Have you received the Jones Scholarship in the past? \_\_\_ Yes \_\_\_ No If yes, which year(s) \_\_\_\_\_

6. List extracurricular activities: \_\_\_\_\_  
\_\_\_\_\_

7. List any academic honors you have received in high school or college: \_\_\_\_\_  
\_\_\_\_\_

**IV. Financial (All items in Section IV refer to the applicant)**

1. Present Assets: Home Equity \$ \_\_\_\_\_ Automobile \$ \_\_\_\_\_

Bank Accounts: Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Other Assets (itemize): \_\_\_\_\_  
\_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

2. Explain possible use of these assets for financing your education (if needed, attach separate sheet).

\_\_\_\_\_

3. Make and year of car(s) you own and drive for personal use: \_\_\_\_\_

4. Present employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Hours/week: \_\_\_\_\_ Salary: \_\_\_\_\_

5. Present Debts (You are required to list every debt of \$100 or more you now have.):

**EDUCATIONAL LOANS**

Name of Bank and Type of Loan Program	Date Incurred	Unpaid Balance	Monthly Payment	Due Date
Total				

**NON-EDUCATIONAL LOANS**

Creator's Name & Address	Purpose of Loan	Date Incurred	Unpaid Balance	Monthly Payment	Due Date
Total					

6. Applicant's projected estimated expenses and resources for the period this grant is to be used:

Academic year for which this grant will be used: \_\_\_\_\_

From: \_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

Expenses	Resources
Tuition and Fees ..... \$ _____	Adjusted Gross Earnings: School Year ... \$ _____
Books and Supplies ..... \$ _____	Vacation ..... \$ _____
Food ..... \$ _____	Spouse ..... \$ _____

NAME OF APPLICANT \_\_\_\_\_

Room or Housing .....	\$ _____	Savings .....	\$ _____
Transportation (incl. Auto expenses) .....	\$ _____	Gifts: Family .....	\$ _____
Clothing .....	\$ _____	Scholarship .....	\$ _____
Medical/Dental .....	\$ _____	Loans: Family .....	\$ _____
Others (specify) _____	\$ _____	Other Loans .....	\$ _____
_____	\$ _____	Other .....	\$ _____
(Attach separate sheet, if needed)			
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____

7. DEFICIT \$ \_\_\_\_\_ (Expenses Minus Resources)

8. Describe any special circumstances that should be considered in evaluating your application:

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The undersigned represents and warrants that the information contained herein is true and correct. The Thomas B. Jones and Grace Stevenson Jones Charitable Foundation is authorized to verify the correctness of this information and to procure any other information it may require.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

PRINT NAME \_\_\_\_\_



NAME OF APPLICANT \_\_\_\_\_

**THOMAS B. JONES AND GRACE STEVENSON JONES  
CHARITABLE FOUNDATION  
230 WEST STATE STREET M-300  
SYCAMORE, ILLINOIS 60178**

I voluntarily waive my access to this  
Recommendation under Public Law  
93:380 so that it may be kept confidential.  
Recommendation.

If no waiver is signed, Public Law 93:380  
permits the student to inspect this

\_\_\_\_\_  
Signature of Applicant

**LETTER OF RECOMMENDATION TO SUPPLEMENT APPLICATION FOR SCHOLARSHIP**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

(Applicant: fill in above and give to person writing recommendation.)

**Writer of Recommendation:** Please rate the applicant. Compare with others of like age and position.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	NoBasisfor Judgement
Intellectual Achievement						
General Knowledge						
Working with Others						
Emotional Maturity						
Imagination/Creativity						
Potential Success						

In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and achieve professional success after graduation. Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than routine praise.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

**RETURN TO: Executive Director, Thomas B. Jones and Grace Stevenson Jones Charitable Foundation, 230 West State Street M-300, Sycamore, Illinois 60178**

**(All application materials and letters of recommendation must be postmarked no later than March 1<sup>st</sup> of the granting year. Your cooperation is greatly appreciated.)**