

Personal Information Data Sheet

Please PRINT Clearly

Application Information

First Name _____	Last Name _____
Address _____	Date of Birth _____ Age _____
City _____	Country of Birth _____
State, Zip _____	Phone _____
	Email _____
Mailing Address _____	
Cell Phone <i>if available</i> _____	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	SSN # or Student ID# <i>if applicable</i> _____
	Related to a member of JAANC <input type="checkbox"/> Yes <input type="checkbox"/> No
Member of JAANC <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name _____
	Relationship _____

Parent Information

Mother or Guardian If Guardian, indicate relationship _____	Father or Guardian If Guardian, indicate relationship _____
Name _____	Name _____
Nationality _____	Nationality _____
Address (if different) _____	Phone (if different) _____
_____	Email (if available) _____
_____	_____

How did you hear about the JAANC Scholarship Program (check all that apply)?

School
 JAANC Member
 Jaanc.org
 Other website _____
 Other _____

Education Data Sheet

Please PRINT Clearly

School Name _____

Degree in Progress - High School Certificate/Diploma Associates Bachelors Masters Doctorate

Course of Study _____

Enrollment Status - Part Time Full Time

Enrollment Date _____

Graduation Date _____

School Address

School Phone _____
Bursar's Office

School Website (if available) _____

Future Education *(applicable if funds will be disbursed to a school you are not currently attending)*

Name of school you have been accepted to:

Planned Degree - Certificate/Diploma Associates Bachelors Masters Doctorate

Planned Course of Study

Enrollment Status
 Part Time Full Time

School Address

School Phone _____
Bursar's Office

Planned Enrollment Date _____

School Website (if available) _____

Expected Graduation Date _____

Applicant Name _____

Financial Data Sheet

Please PRINT Clearly

Statement of Financial Need

Indicate the currency of the information provided below JA dollars US Dollars

Personal or Family Income

- | | | | |
|--|-----------------------------|----|--------------------------------|
| <input type="checkbox"/> Under 10,000 | <input type="checkbox"/> Yr | or | <input type="checkbox"/> Month |
| <input type="checkbox"/> 10,000 – 20,000 | <input type="checkbox"/> Yr | or | <input type="checkbox"/> Month |
| <input type="checkbox"/> 20,000 – 30,000 | <input type="checkbox"/> Yr | or | <input type="checkbox"/> Month |
| <input type="checkbox"/> 30,000 – 40,000 | <input type="checkbox"/> Yr | or | <input type="checkbox"/> Month |
| <input type="checkbox"/> 40,000 – 50,000 | <input type="checkbox"/> Yr | or | <input type="checkbox"/> Month |
| <input type="checkbox"/> Over 50,000 | <input type="checkbox"/> Yr | or | <input type="checkbox"/> Month |

BUDGET ANALYSIS

Expenses	\$	Income/ Resources	\$
Tuition fees		Present Bank Balance	
Books and Supplies		Family Contribution	
Accommodation		Part-time employment	
Utilities/Household Items		Student Loans	
Food		Other Sources (provide details below)	-----
Entertainment		Other#1 -	
Transportation		Other#2 -	
Medical expenses		Other#3 -	
Equipment (specify)		Other#4 -	
Incidentals (specify)		Other#5 -	
Total Expenses		Total Income/Resources	
Shortfall (subtract total expenses from income)			
Applicant Name _____			

If selected for a scholarship award, please provide an exact mailing address where your award check should be mailed. If the check is to be sent to a specific person, please provide the name.

Name of Institution: _____

Attn: _____

Address: _____

City, State, Zipcode: _____

Your Student ID#: _____