

APPLICATION FORM

Student Name: _____

Due Date: **April 15, 2025**

Please mail completed applications and required info by that date to: Jackson County Sertoma, PO Box 841, Seymour, Indiana

SERTOMA SCHOLARSHIP

1. Pursue studies in one of the health science related fields.
2. Scholarship recipients will receive \$2,000 at the beginning of their sophomore year in college provided they have retained a major in one of the health sciences.
3. Please answer and attach the following: **WHY I CHOSE A CAREER IN HEALTH SCIENCES.**

Name of Applicant

Street Address

City State Township

High School Attended Telephone Number

1. Graduation Date # of years at current High School

3. School or College Choice: Accepted

1st	<input type="text"/>	<input type="text"/>	Yes	<input type="text"/>	No
2nd	<input type="text"/>	<input type="text"/>	Yes	<input type="text"/>	No
3rd	<input type="text"/>	<input type="text"/>	Yes	<input type="text"/>	No

4. Planned major

5. Career interests

6. Cumulative high school grade point average (GPA) excluding spring semester senior year

7. Rank in class after 7 semester: out of students

8. ***PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT*******

9. SAT scores: Verbal Math Writing Composite

10. ACT scores: English Math Reading Science
Composite

11. Are you a 21st Century Scholar? Yes No

12. Are you an Honors Diploma Candidate? Yes No

13. Will you graduate with a Core 40 curriculum? Yes No

14. Financial Need - Family's adjusted gross income from last year's tax return:

<input type="text"/> Under \$25,000	<input type="text"/> \$100,000 to \$125,000
<input type="text"/> \$25,000 to \$50,000	<input type="text"/> \$125,000 to \$150,000
<input type="text"/> \$50,000 to \$75,000	<input type="text"/> \$150,000 to \$200,000
<input type="text"/> \$75,000 to \$100,000	<input type="text"/> Over \$200,000

*******IF THE SCHOLARSHIP IS BASED ON FINANCIAL NEED PLEASE ATTACH*****
A COPY OF THE FIRST PAGE OF YOUR PARENTS TAX FORM OR THE FIRST PAGE OF THE FAFSA FORM**

15. Name of father Occupation

16. Name of mother Occupation

17. Number of dependents in your parents' family, including yourself

18. Number of children Ages
Number attending college including yourself

19. What financial sources (scholarships, and/or grants, etc.) do you currently have available for your college education?

20. How do you plan to fund your college education? (Other than scholarships or grants)

21. Other financial considerations:

22. Extra curricular activities-organizations, clubs and athletics: years of involvement and any offices held:

23. Honors and Awards:

24. Community or other activities:

25. Work Activities: Are you now employed?

Yes

No

26. If yes, what type of work?

27. Hours per week:

28. Describe your work activities (such as family business, family farm, etc.):

29. Feel free to attach an additional page to fully explain why you need financial assistance to attend college, or supply any additional information for which there is not sufficient room on this form.

30. Signature of Applicant:

Date:

31. Signature of Parent or Guardian:

Date: