**THE JAQUES FOUNDATION**

**2020-2021 Application**

**DO NOT ALTER THIS APPLICATION**

***The Jaques Foundation Scholarship was created by Kathleen Harper Jaques “to assist needy and worthy young men and women in obtaining a college education, including postgraduate work for higher degrees, with particular emphasis on religious education or other fields of education preparing for professions making worthy and needed contributions to mankind.”***

1. Applications may be emailed or mailed. They must be received ***no later than May 1***.

2. Please include with the attached application the following:

a. ***Official transcript of high school or college grades,***

1. ***Copy of Free Application for Federal Student Aid (FAFSA).***

3. All information requested by The Jaques Foundation must be provided for

applications to be considered. ***DO NOT*** submit applications until all

additional information is attached. ***DO NOT ALTER THE APPLICATION.***

4. A ***new application*** must be submitted for each year.

5. All information submitted will be held strictly confidential. If you are selected recipient, your name will appear in the local paper.

* If you do not wish for your name to be publicized please check this box

6. **ANY UNANSWERED ITEM MAY RESULT IN DECLINATION OF YOUR**

**APPLICATION**.

***PLEASE SUBMIT BY EMAIL OR MAIL NO LATER THAN MAY 1ST***

THE JAQUES FOUNDATION

Bank of America, N.A.

Attn: Millicent White-Chapman, Vice President

100 Westminster Street - RI1-536-05-03

Providence, RI 02903

Email: millicent.white-chapman@bofa.com

APPLICATION FOR EDUCATIONAL GRANT

1. Name:
2. Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Social Security Number:

4. Birth Date:

5. Marital Status:

6. Permanent Street Address: Street, City, County, State, Zip Code, Telephone number:

6a Address and telephone number at school, if applicable:

7. Parent’s/ Guardian’s Name:

8. Parent’s/ Guardian’s Age:

9. Parent’s/ Guardian’s Address: Street, City, County, State, Zip Code, Telephone #:

10. Parent’s/ Guardian’s Income:

11. Parent’s/ Guardian’s Occupation:

12. Parent’s/ Guardian’s Place of Employment:

13. Spouse’s Name:

14. Spouse’s Street Address: Street, City, County, State, Zip Code, Telephone #:

15. Spouse’s Approximate Annual Income:

16. Spouse’s Occupation:

17. Spouse’s Place of Employment:

18. Other Dependents of Your Parents/ Guardian:

Name Age Institution Who Provides Support

19. High School You Attended:

Name and Address Years Attended Graduate?

20. Colleges/Universities You Have Attended:

Name Years Attended Graduate?

21. Name of Educational Institution You Plan To Attend:

Accepted (?):

22. Mailing Address of Educational Institution You Plan to Attend:

Street or P. O. Box, City, State, Zip Code: ***(MUST HAVE COMPLETE ADDRESS)***

23. Beginning Date:

Approximate Graduation Date:

24. Anticipated Cost for One Year:

A. Tuition and Fees:

B. Room and Board:

C. Books and Supplies:

D. Transportation:

E. Other (specify):

Total Anticipated Cost:

25. Resources:

A. Parents/Guardian Contribution:

B. Student’s Contribution:

C. Educational Loans:

D. HOPE/Pell Grants

E. Other Grants, Scholarships & Work Study

Total Resources:

NET AMOUNT NEEDED:

26. Give a brief summary of your school and community activities and achievements to date:

27. Please indicate why you chose your academic field (major) and how your choice meets the

goals outlined for this scholarship program on page 1 of the application.

I hereby certify that the information contained herein is true and correct, to the best of my knowledge and belief, and I hereby apply to The Jaques Foundation for a grant.

Date:

Applicant’s Signature:

Each of us hereby certifies that the information contained herein is true and correct to the best of our knowledge and belief.

Date:

Parent/Guardian’s Signature:

Date: