



## JSSF 2018 APPLICATION CHECKLIST

Your application packet must be assembled in the order listed, this simplifies the review process for foundation staff as many applications are received annually. Your completed packet, in checklist order should be stapled or paper-clipped together and placed in one large 9" x 12" envelope. Please do not submit bound applications. Check the boxes to ensure your packet is complete prior to submission and include this checklist.

APPLICANT NAME: \_\_\_\_\_

- THIS CHECKLIST **in a 9" x 12" envelope with applicants first and last name clearly marked**
- COLOR PHOTOGRAPH (YEARBOOK SIZE PREFERRED)
- APPLICATION FORM (4 PAGES, DO NOT INCLUDE THE INSTRUCTION PAGES)
- DOCTORS LETTER OF DIAGNOSIS OR DEATH CERTIFICATE (if applicable)
- 2018 FAFSA FORM (**STUDENT AIR REPORT (SAR) ONLY—NOT ENTIRE APPLICATION**)
- 2017 FEDERAL TAX RETURN
- TWO LETTERS OF REFERENCE
- SAT and/or ACT TEST SCORES—(**HIGH SCHOOL APPLICANTS ONLY**)
- SEALED HIGH SCHOOL OR COLLEGE TRANSCRIPT
- APPLICATION ESSAY & DETAILED RESUME
- LETTER OF SPECIAL CIRCUMSTANCE (if applicable)
- OTHER (EXPLAIN) \_\_\_\_\_

WHERE SPECIFICALLY DID YOU FIND OUT ABOUT JSSF? (WEBSITE NAME?, INSTITUTION NAME?, SCHOOL COUNSLER OR ADVISOR?) \_\_\_\_\_

# JACKIE SPELLMAN SCHOLARSHIP FOUNDATION AWARD

## The Program

The Jackie Spellman Scholarship Foundation awards annual scholarships to help improve the quality of life for those affected by leukemia or lymphoma. The focus of the scholarship is on supporting secondary education for leukemia or lymphoma patients and/or children, siblings or parents of leukemia or lymphoma patients. This scholarship is offered nationwide. **The award can only be applied toward tuition.**

*The Jackie Spellman Scholarship Foundation is a federally approved 501.c.3 non-profit organization: TIN #: 27-1038085*

*Forward any questions to:  
jackiespellmanfoundation@gmail.com*

## Eligibility

This scholarship is available to:

1. **Graduating** high school seniors, community college and four-year university, and graduate students who are leukemia or lymphoma patients and/or are children, siblings or parents of leukemia or lymphoma patients. A letter from the treating doctor must also be supplied to certify that the individual or applicant's sibling or parent has/had leukemia or lymphoma, or a Certificate of Death stating leukemia or lymphoma as the cause of death.
2. Students who plan to enroll full time at a college or university.
3. Students with a **minimum un-weighted 3.0 GPA.**
4. Students who demonstrate financial need.
5. Prior scholarship winners are eligible to apply.



## **APPLICATION REQUIREMENTS**

To be considered for a scholarship, you **must** submit all of the information detailed on the submission checklist and application, in checklist order, stapled or paper-clipped **in a minimum size of 9" x 12"** (or FedEx, UPS, USPS) **size envelope** postmarked by the application deadline. **The envelope MUST include the applicants first and last name on the outside of the envelope.**

**All materials must be postmarked by:**

**April 16, 2018** (LATE APPLICATIONS WILL NOT BE OPENED OR CONSIDERED)

All submissions should be mailed to:

***The Jackie Spellman Scholarship Foundation  
935 Eldridge Road, Box 200  
Sugar Land, Texas 77478***

## **AWARDS:**

Scholarships ranging from \$3,000 to \$10,000 are awarded to approximately 12 students annually.

Awards will be made by July 31, 2018.

**Only the award winners will be notified.**

Recipients are selected without regard to race, religion, sex, handicap or national origin but **MUST be United States citizens (NO EXCEPTIONS).**

## **Selection of Recipients**

The Foundation staff will review applications and award scholarships accordingly. Applicants may be contacted by foundation staff during the review period for additional informational type requests.



# JACKIE SPELLMAN SCHOLARSHIP FOUNDATION AWARD



## 2018 Application Form

Please Print or Type

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

### Contact Information

Mailing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

## Academic Background and Plans

High School / College Name: \_\_\_\_\_

\_\_\_\_\_  
City State

High School / College Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

**High School Applicants ONLY—Include Copies of test results—The Applicant can include either or both ACT/SAT results.**

Most Recent SAT scores: Math: \_\_\_\_ Verbal: \_\_\_\_ Total (Math & Verbal): \_\_\_\_

Most Recent ACT score: Composite Score Only: \_\_\_\_

University/College you **are** OR **will/plan** to attend: \_\_\_\_\_

Class year that you will be entering in COLLEGE:

Graduate School

Freshman

Sophomore

Junior

Senior

Intended Major: \_\_\_\_\_ Intended Minor: \_\_\_\_\_

Anticipated college Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Current Cumulative GPA (based on a 4.0 **un-weighted** scale): \_\_\_\_\_

### Where do you plan to live next year?

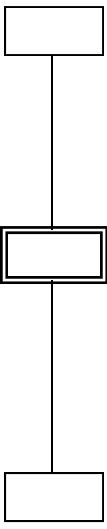
On Campus/Dorm

Off Campus

With Parents

Other: \_\_\_\_\_

Where did you **SPECIFICALLY** hear about this scholarship? \_\_\_\_\_



## PHOTOGRAPH

Please include a recent color photo of yourself with your application packet. (A Graduation or Passport type photo is encouraged, or one of similar size and clarity).

## SPECIAL CIRCUMSTANCES

Describe any special circumstances which have impacted or may impact your academic performance, community service or leadership activities: (attach separate sheet if necessary)

## APPLICANT ESSAY

In a minimum of 600 words and a maximum of 800 words address the following: Essays should be typed; double spaced, include page numbers and the applicants name on the upper right-hand corner of each page. Essays should be specifically tailored for this application and not a duplicate of a college application essay. Include word count summary. Ensure you provide details on extracurricular activities and leadership roles you may hold. A detailed resume is helpful to foundation staff to help gauge your activities and community service participation.

***“Describe how leukemia or lymphoma has affected your life, what your future plans and desired career path are and why, as well as how the award of a JSSF Scholarship will impact you specifically. Please include the type of leukemia or lymphoma, date of diagnosis and current status.”***

## LETTERS OF RECOMMENDATION

You must arrange for two letters of recommendation to be given to you in sealed envelopes in time for you to send them with your application packet. One letter must be from a member of your school staff, preferably from a principal or guidance counselor. The other must be from an unrelated adult who has been involved with you in some significant way outside of school. Teachers, ministers and employers are good choices as they can usually comment on overall character, achievement and potential. Do **NOT** submit letters written by relatives. The writer should describe how they have come to know you and what they see as major strengths and limitations in your character and skills, and your participation in school or community activities. Please be sure that the person writing your letter includes your full name and their signature.

## CHECKLIST AND APPLICATION PACKET

The Application Packet **MUST** be assembled according to the checklist in the specific order stated. Those packets not assembled properly or not in the envelope sizes specified will not be reviewed by foundation staff and deemed ineligible. **The foundation will not consider incomplete applications, i.e., letters of recommendation, SAT/ACT scores or other required items that are sent separately from the application packet.**

## CERTIFICATION

In submitting this application, I certify that information provided is complete and accurate to the best of my knowledge and that the essay is my own work. I understand that I will be required by the Foundation to provide documentation to corroborate the above information in order to receive scholarship payments. I realize that failure to comply with a request will prevent the applicant from being considered for scholarships and will result in the termination of the scholarship. Further, I certify that I meet the intent and criteria of the scholarship funds that I have applied for as stated in their guidelines. I realize that falsification of information will result in termination of any scholarship granted.

Your signature below gives permission to your school to release related information to the Jackie Spellman Scholarship Foundation.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Financial Form

Name: \_\_\_\_\_  
First Middle Last

If you are a dependent student, please have your parents complete this form using their 2017 Federal Income Tax Return. (If your parents have not yet filed taxes, they must use numbers from 2016 or estimated numbers from 2017). You are considered a dependent student unless you are 24 years of age or older, or are any of the following: (1) a ward of the court; (2) married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least \$4000 in each of those two years; (4) served in the military.

If you are an independent student, information about you and your spouse must be included. Furthermore, if you are an independent student, you do not need to supply information about your parent's finances. Figures should be taken from your 2017 Federal Income Tax Return. (If you have not yet filed taxes, you must use numbers from 2016 or estimated numbers from 2017). If you are under 24 years of age, you may claim independent status only if you are: (1) a ward of the court; (2) married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least \$4000 in each of those two years; (4) served in the military.

I am using:  Actual numbers from 2017 Tax Return  Estimated numbers (verification req.)

I am:  Dependent (complete both columns)  Independent (complete STUDENT column only)

	Student	Parent
1. Adjusted gross income	\$ _____	\$ _____
2. Total US income tax paid	\$ _____	\$ _____
3. Total Income (Subtract line 2 from line 1)	\$ _____	\$ _____
4. Total Family Income (If you are a dependent student, add the figures That you entered for the total income for you AND your parents. If you are an independent student, add only that income that you earned from work).	\$ _____	
5. Total amount of scholarships that you have been awarded this year.	\$ _____	
6. How many scholarships have you applied for?	_____	
7. Total number of Family Members (If you are dependent, the number of people who your parents claimed on their tax return. If you are independent, your spouse and children, if any.)	_____	
8. Total number of immediate family members who will be attending college at least part-time during the next academic year.	_____	

**Projected School Costs per Year**

- 1. Cost of Tuition (*JSSF Awards can only be applied to tuition*) \$ \_\_\_\_\_
  - 2. Costs of books and supplies \$ \_\_\_\_\_
  - 3. Costs of food and housing \$ \_\_\_\_\_
- Total Cost: \$ \_\_\_\_\_

**Tax Filings**

Attach a copy of the first two pages of your most current U.S. Income Tax Return Form 1040 or the first page of Form 1040 EZ that applies to you and/or your parents. **Do not** include state income tax returns **\*\* (REMOVE OR BLACK OUT SOCIAL SECURITY NUMBERS FROM ALL FORMS)**

**Free Application for Federal Student Aid (FAFSA)**

Include a copy of your 2018 FAFSA SAR Report that has been **issued** from the Federal Government **(1 SHEET ONLY)** and includes your final Expected Family Contribution (EFC) amount.

**Other Financial Aid Applications**

If you are planning to apply for federal and state financial aid, especially if you plan to attend a four-year school, please indicate that by checking the boxes accordingly.

Student Aid Application for your specific state

Grants and/or Private Loans

**Your Certification of the Information Above**

I certify that information provided above is complete and reasonably accurate. I understand that the information will be used only for the purpose of considering this scholarship application. I understand that I may be required to provide additional verification of financial status if I become a finalist. I understand that falsification of information will result in termination of any scholarship granted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 18 years old)