

**JESSIE KLICKA FOUNDATION SCHOLARSHIP APPLICATION - 2024**

P.O. Box 1518

Carlsbad, CA 92018

(760) 822-3434 email: jessieklickafoundation@gmail.com

TO: High School Counselor

Please give us your cooperation in submitting qualified applications for your deserving students by **March 31, 2024**. (Applications postmarked after March 31, 2024, will not be considered).

**OUR REQUIREMENTS:**

- San Diego City or County High School Seniors Only – Currently attending
- Medium to outstanding grades
- Extracurricular activities
- Family financial need
- Complete information on **our** forms
- Student to attend community college with intent to transfer to 4-year college or attend 4-year college or university

**We will accept no more than TWO (2) applications per high school and must be accompanied by counselor letter of recommendation.**

Please see that each application includes the following:

- Scholarship Application – Filled out by applicant
- Income and Expense Statement – reflecting **parent(s) or guardian** monthly income
- Personal Profile - reflecting **parent(s) or guardian** financial status
- Counselor Letter of Recommendation (administrator, teacher, coach, advisor)
- Confidential Report on Applicant – filled out by counselor or principal – **Attached - Do Not Send Separately.**
- High School Transcript

We will be awarding scholarships between \$1,000 and \$3,000 to attend community college or 4-year university/colleges. These awards will be renewable for three additional years, depending upon scholastic standings. Please assist us in the granting of funds to these graduating students by complying with our foundation policies. We appreciate your efforts!

**JESSIE KLICKA FOUNDATION  
2024 SCHOLARSHIP APPLICATION  
P.O. Box 1518  
Carlsbad, CA 92018  
(760) 822-3434 email: [jessieclickafoundation@gmail.com](mailto:jessieclickafoundation@gmail.com):**

| <b>PERSONAL INFORMATION:</b>  |   |
|-------------------------------|---|
| 1.                            | Last Name: _____ First Name: _____  |
| 2.                            | Home Address:<br>Street: _____<br>City: _____ State: _____ Zip: _____   |
| 3.                            | Telephone Number: _____   |
| 4.                            | Social Security Number:<br>(Must be furnished if awarded scholarship)   |
| 5.                            | Date of birth: _____  |
| 6.                            | Email address: _____  |
| 7.                            | Are you a U.S. Citizen? _____   |
| 8.                            | High School Currently Attending: _____  |
| 9.                            | GPA: _____  |
| 10.                           | Name, address and phone numbers of parent(s) or legal guardian:<br>(Include address if different than your own)<br>Father's Name: _____ Mother's Name: _____<br>Or Name of Legal Guardian: _____<br><br>Street: _____<br>City: _____ State: _____ Zip: _____<br>Phone Number: _____<br>With Whom Do You Live (Name and Relationship): _____ |
| 11.                           | Number of Children in Family: _____<br>Ages of Children: _____  |
| <b>FINANCIAL INFORMATION:</b> |   |
| 1.                            | List Family or guardian Gross Annual Income from your 2023(or 2022 return if not filed yet). Income Tax Form 1040: \$ _____<br>(Information supplied will be kept confidential)   |

|  |   |
|--|---|
| 2.   | <b>Attach</b> page 1 of 2023 IRS Income Tax Form  |
| <b>SCHOLARSHIP INFORMATION</b>   |   |
| 1.   | How do you plan to cover your expenses?<br><input type="checkbox"/> Money furnished by family<br><input type="checkbox"/> Earnings during summer/school year<br><input type="checkbox"/> Grants (FAFSA/other?)<br><input type="checkbox"/> Scholarships (complete #2 below)<br><input type="checkbox"/> Other (Please describe) |
| 2.   | Are you the beneficiary of any other scholarship awards(s)? Please list name and amounts:   |
| 3.   | Have you applied for any other scholarships? Please list:   |
| <b>RESUME/ACTIVITIES:</b><br>(If you have a resume or activities sheet that answers questions 1,2, 3, and/or 4, please <b>attach</b> ) |   |
| 1.   | List any academic honors, awards and membership activities while in high school:  |
| 2.   | List your hobbies, outside interests, extracurricular activities and school related volunteer activities:   |
| 3.   | List non-school sponsored community service or church groups you are affiliated with:   |
| 4.   | What work experience have you had?  |
| <b>COLLEGE PLANS:</b>  |   |
| 1.   | If you have decided on what college you will attend, please list school name and address:<br>College or university name:<br>Address:<br><br>If attending a community college, name of 4-university where you plan to transfer:  |

|    |  |
|----|--|
| 2. | If not, list your top 3 college choices:   |
| 3. | <b>Attach a detailed list of estimated college expenses. Please include financial aid award offer from college or university.</b>  |
|    | <p><b>ESSAY:</b> (Please attach a typewritten statement – no award will be made if omitted).</p> <p>Why have you chosen this college or university and course of study? Please include information regarding transfer plans to 4-year university and any other information, personal or otherwise, you think would be helpful to the foundation when considering your application.</p> |

Your signature: \_\_\_\_\_

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

ATTACH ESSAY HERE



**JESSIE KLICKA FOUNDATION**  
**SCHOLARSHIP APPLICATION 2024**

**MONTHLY INCOME AND EXPENSE STATEMENT OF PARENT(S)/GUARDIAN**

Applicant Name: \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Employed at: \_\_\_\_\_

| <b>MONTHLY INCOME</b>                              |    | <b>MONTHLY PAYMENTS</b>                                 |    |
|--|----|---|----|
| Father/Guardian                                    | \$ | Rent or Mortgage Payment                                | \$ |
| Mother   | \$ | Car Payments  | \$ |
| Unemployment, Welfare, Disability, Social Security | \$ | Insurance Premiums (auto, health, dental, life payment) | \$ |
| Investments  | \$ | Alimony Payment   | \$ |
| Alimony  | \$ | Child Support Payment                                   | \$ |
| Child Support                                      | \$ | Living Expenses (food, utilities, clothing, etc)        |    |
| Other (Pension or retirement)                      | \$ | Other   | \$ |
| Total  | \$ | Total   | \$ |
|  |    |   |    |
|  |    | Taxes:  |    |
|  |    |   |    |
|  |    | Property Taxes  | \$ |
|  |    | Other:  | \$ |
|  |    |   |    |
|  |    | Total   | \$ |

**IF SELF EMPLOYED, MUST BE ACCOMPANIED BY COPY OF LAST TAX RETURN**

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**FINANCIAL PROFILE OF PARENTS OR GUARDIAN**

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

Parent/Guardian Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**ASSETS**

**LIABILITIES**

|  |   |                             |    |
|--|---|-----------------------------|----|
| Cash in Financial Institutions         | \$  | Balance of all Credit Cards | \$ |
| Investments (non-real estate)          | \$  |                             | \$ |
| Securities                             | \$  | Owed on Vehicles            | \$ |
| Life Insurance (Cash value)            | \$  | Home Balance                | \$ |
| Vehicles                               |   | Other Real Estate           | \$ |
| Yr ____ Make ____                      | \$  |                             |    |
| Yr ____ Make ____                      | \$  |                             |    |
| Home Value                             | \$  | Furniture                   | \$ |
| Other Real Estate                      | \$  | Other Debts                 | \$ |
| Furniture Value                        | \$  |                             | \$ |
| Miscellaneous (list)                   | \$  | Miscellaneous               | \$ |
|  | \$  |                             | \$ |
|  | \$  |                             | \$ |
| 401(k), Pension or Profit Sharing Plan | \$  |                             | \$ |
|  |   |                             |    |
| <b>TOTAL ASSETS</b>                    | \$  | <b>TOTAL LIABILITIES</b>    | \$ |
|  | <b>Total Assets</b>                         | \$                          |    |
|  | <b>Total Assets Minus Total Liabilities</b> | \$                          |    |
|  | <b>Total Net Worth</b>                      | \$                          |    |

**Checklist:**

- \_\_\_ Application
- \_\_\_ Tax Return
- \_\_\_ List of College Expenses
- \_\_\_ Essay
- \_\_\_ Confidential Report of Applicant by Counselor
- \_\_\_ Monthly Income and Expense Statement of Parent(s) or Guardian
- \_\_\_ Financial Profile of Parents or Guardian
- \_\_\_ Letter of Recommendation by Counselor, administrator, teacher, or advisor
- \_\_\_ High School Transcript

**MAIL COMPLETED APPLICATION PACKAGE TO:**

**Jessie Klicka Foundation  
P.O. Box 1518  
Carlsbad, CA 92018**

**If you have questions, call 760-822-3434.**

**Reminder:**

**The deadline for this application is March 31, 2024. Must be postmarked by this date!**