JESSIE KLICKA FOUNDATION SCHOLARSHIP APPLICATION - 2021

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, 2021.** (Applications postmarked after March 31, 2021, 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 <u>our</u> 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 <u>parent(s) or guardian</u> financial status
- Counselor Letter of Recommendation
- 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 \$2,000. These awards will be renewable for four (4) 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 2021 SCHOLARSHIP APPLICATION P.O. Box 1518

Carlsbad, CA 92018

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

	PERSONAL INFORMATION:		
1.	Last Name:	First Name:	
2.	Home Address:		
	Street:		
	City:	State:	Zip:
3.	Telephone Number:		
4.	Social Security Number:		
	(Must be furnished if awarded scholarship)		
5.	Date of birth:		
6.	Email address:		
7.	Are you a U.S. Citizen?		
8.			
9.	GPA:		
10.	Name, address and phone numbers of parent(s) or legal guardian:		
	(Include address if different than your own)		
	Father's Name: Mother's Name:		
	Or Name of Legal Guardian:		
	Street:		
	City:	State:	Zip:
	Phone Number;		
	With Whom Do You Live (Name and Relationship):		
11.	Number of Children in Family:		
	Ages of Children:		
	EINIANGIAI INEODMATION.		
1	FINANCIAL INFORMATION:	f 2010 (2010
1.	List Family or guardian Gross Annual Incon	ne from your 2019 (or	2018 return 11 not filed
	yet). Income Tax Form 1040: \$		
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2.	Attach page 1 of 2020 IRS Income Tax Form		
	SCHOLARSHIP INFORMATION		
1.	How do you plan to cover your expenses? Money furnished by familyEarnings during summer/school yearGrants (FAFSA/other?)Scholarships (complete #2 below)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:		
	RESUME/ACTIVITIES: (If you have a resume or activities sheet that answers questions 1,2, 3, and/or 4, please attach)		
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?		
	COLLEGE PLANS:		
1.	If you have decided on what college you will attend, please list school name and address: College or university name: Address:		
	If attending a community college, name of 4-university where you plan to transfer:		

2.	If not, list your top 3 college choices:
3.	Attach a detailed list of estimated college expenses: No award will be made if omitted)
	ESSAY: (Please attach a typewritten statement – no award will be made if omitted). 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.

Your signature: ______
Date: _____

ATTACH ESSAY HERE

JESSIE KLICKA FOUNDATION

CONFIDENTIAL REPORT ON APPLICANT – 2021

(to be filled out by Counselor)

Counselor: ATTACH this completed form and letter of recommendation to the application. Include any information you may have regarding his or her personal situation in your letter. (Applications without letter of recommendation will not be considered)

Nam	ne of Applicant:				
		First	Middle	Last	
Add	ress:	Street			
		Succi			
		City	State	Zip Code	_
1.	How long ha	s the applica	nt been a student at your	school?	
2.	On what do y	ou base you	r estimate of the applica	nt? (Please check)	
	Personal acq	uaintance	School records	Instructor Reports	_
3.	Has the applicant maintained a definite and sincere interest in his or her studies, at a times, while in your school?				
4.		If not, has recent improvement in attitude toward study led you to believe he or sh would carry college work successfully?			
5.		Was the applicant one of the leaders in some recognized extracurricular activity in you school? What?			
6.	To what exte	•		ant's family is able to fina	ance his or her
	All	Part	Not at all	No information	
			Name:		_
			Signature:Cour	Danselor or Principal	nte:
			Email Address:		
			Phone Number:		

JESSIE KLICKA FOUNDATION

SCHOLARSHIP APPLICATION 2021

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

Applicant Name:				
Name of Parent(s) or	Guardian			
Employed at:				
MONTHLY INCOME MONTHLY PAYMENTS				
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	\$	Other	\$	
retirement)				
Total	\$	Total	\$	
		Taxes:		
		Tunes.	\$	
		Property Taxes	\$	
		Other:	\$	
		Total	\$	

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

JESSIE KLICKA FOUNDATION SCHOLARSHIP APPLICATION 2021

FINANCIAL PROFILE OF PARENTS OR GUARDIAN

Name of Applicant:				
Parent/Guardian Name:		Spouse:		
Address:				
City	S	tate:	Zip Code:	
Phone Number ()	<u> </u>		
AS	SETS	LIA	BILITIES	
Cash in Financial Institutions	\$	Balance of all Credit Cards	\$	
Investments (non-real estate)	\$		\$	
Securities	\$	Owed on Vehicles	\$	
Life Insurance (Cash value)	\$	Home Balance	\$	
Vehicles YrMake Yr Make	\$ \$	Other Real Estate	\$	
Home Value	\$	Furniture	\$	
Other Real Estate	\$	Other Debts	\$	
Furniture Value	\$		\$	
Miscellaneous (list)	\$	Miscellaneous	\$	
	\$		\$	
	\$		\$	
401(k), Pension or Profit Sharing Plan	\$		\$	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	
	Total Assets	\$		
	Total Assets Minus Total Liabilities	\$		
	Total Net Worth	\$		

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
Counselor Letter of Recommendation
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, 2021. Must be postmarked by this date!