



JALC Foundation Scholarship Information

**John A. Logan College Foundation
700 Logan College Road
Carterville, IL 62918
(618) 985-3741 ext. 8437
Office #: B-33
Office Hours: 8:00 – 4:30 (M-F) except Holidays**

The JALC Foundation:

- ✓ **Administers over 150 scholarships.**
- ✓ **Enters applicants into a database which applies you for any scholarships in which you meet the criteria.**
- ✓ **Notifies scholarship recipients by mail if you are selected.**
- ✓ **Requires recipients to write a thank you letter to either the donor or the Director of Scholarships.**
- ✓ **Divides scholarship awards 50/50 between fall and spring semesters unless specific guidelines state differently.**

Scholarship Applications:

- **Both sides should be completely filled out.**
- **Two letters of recommendation will be needed but are not required when turning in application.**
- **Available on-line at www.jalc.edu/foundation/scholarshipinfo.html in .pdf version that you can print out and submit to the Foundation Office or the on-line version which requires students to click on submit button which is sent to the Director of Scholarships in an email.**
- **Are good for only ONE academic year! You must fill out a new form to be considered for subsequent years.**

Please note that if you change your major, address, phone number, or any other relevant information outside of what was written on your original scholarship application form you must notify the Foundation office immediately!

JALC FOUNDATION SCHOLARSHIP APPLICATION

2010-2011 Academic Year

Letters of recommendation or other endorsements may be attached to the application.

Title:	(Mr., Mrs., Miss., Ms., Etc.)		
First Name:	Middle Initial:	Last Name:	
Phone #:	Birth Date:	Student ID:	
Street, Route, or Box Number:			
City:	State:	Zip:	
My E-mail address is:			
Graduate of Adult Secondary Education Program at John A. Logan College: yes or no			
High School Graduate: yes or no		GED Graduate: yes or no	

Please indicate the High School graduated from or where you obtained your GED.

School Name:	Year Completed:	19__ or 20__
Location:	(City, State, ZIP)	
What is your major?		

Please indicate what your goals are for the following:

Occupation:	(What is it you want to be or achieve?)
I want to live:	(When you have achieved your goal, where do you want to live?)

Please use the following spaces to indicate any special recognition you have received:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Please see the checklist on the reverse of this form.

PLEASE READ CAREFULLY

I certify that the statements herein are true to the best of my knowledge and grant the John A. Logan College Foundation and the John A. Logan College Scholarship Committee permission to use all my student data to determine my eligibility for scholarships awarded and administered by the John A. Logan College Foundation. I understand information from my academic history may be released to the Scholarship Donor. I release to John A. Logan College (Foundation) the right to use my name and picture for publications, reports, and press releases. I also agree to write a letter of thanks to the donor of the scholarship.

Signed:	Dated:
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Each application must be signed and dated before it will be processed.

This form is for the academic year beginning in January 2010.

2010-2011 Academic Year JALC Foundation Scholarship Application

This portion of the application is *optional* and provides additional information that aids the scholarship committee in the selection process.

You are encouraged, but not required to respond to each question.

Are you returning to school after an interruption in your education of at least five years?	Yes	No
Are you or your parents' customers of Southeastern Illinois Electric Coop?	Yes	No
<i>If you answered yes to the above question, please indicate the name of the customer and the address at which they receive service from the Southeastern Illinois Electric Coop and their relationship to you:</i>		
Are you, your parents, or grandparents employees of Crownline Boats?	Yes	No
<i>If you answered yes to the above question, please indicate the name of the employee and their relationship to you:</i>		
Are you, your parents, or grandparents employees of American Magnetics?	Yes	No
<i>If you answered yes to the above question, please indicate the name of the employee and their relationship to you:</i>		
Have you been a student, instructor, or employee of Willow Street Studios?	Yes	No
<i>If you answered yes to the above question, please indicate the nature of your association with the Willow Street Studio and dates of that association.</i>		
Are you a current or former employee of McDonald's in Benton, Carterville, Herrin, Johnston City, Marion, McLeansboro, or West Frankfort?	Yes	No
<i>If you answered yes to the above question please indicate the name of the store at which you work(ed) and years of your employment:</i>		
Have you recently been dislocated or laid off from a job?	Yes	No
Are you married?	Yes	No
Are you a single parent?	Yes	No
Are you working 20 or more hours a week while you are attending JALC?	Yes	No

Please mail completed applications and any attachments to:

Director of Scholarships
 JALC Foundation
 700 Logan College Road
 Carterville, IL 62918

**John A. Logan College Foundation
Recommendation Form**



Recommendation Forms **should not** be filled out by a relative or spouse. You may want to consider asking two people from the following list to be your references: teachers, guidance counselors, high school administrators, former or current employers, co-workers, or members of a volunteer or religious organization that you are affiliated with in the community.

Please return the completed form to the student for inclusion in their application materials or mail to: Stacy Holloway, Director of Scholarships & Alumni Services, 700 Logan College Road, Carterville, IL 62918.

To be completed by scholarship applicant.

Applicants Name			
	(Last)	(First)	(Middle)
Address			
	(Street or PO Box)	(City)	(State) (Zip)
Student ID Number		Phone	

To be completed by reference

Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor	Unknown
Commitment to academic program						
Dependability						
Motivation						
Leadership						
Ability to get along with others						
Ethical and moral character						
Likelihood of academic success						

Please explain why this individual is deserving of a scholarship:

Reference's Name _____

Title/Occupation _____

Relationship to Applicant _____

Signature _____ Date _____

John A. Logan College Foundation Recommendation Form



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Motivation						
Leadership						
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