

**THOMAS B. JONES AND GRACE STEVENSON JONES
CHARITABLE FOUNDATION**

Administered By:

NB&T

230 West State Street M-300

Sycamore, Illinois 60178

Access Application at: www.banknbt.com

INSTRUCTIONS FOR APPLICATION

- Access Application at www.banknbt.com>Trust and Investments>Wealth Management.
- Applications are to be submitted for one academic year only. A student who has received a Jones Charitable Foundation scholarship previously must submit a renewal application for each succeeding year.
- The Application must be typed or printed in dark ink. **Do not leave any items unanswered.** If a particular item does not apply to you, write N/A in the blank.
- Questions on parents' income must be answered to be considered for this Scholarship.**
- If insufficient space is provided for an item, use a blank sheet of paper as a supplement, identifying each response by the section and item number.
- Make sure to include your name on the top of each and every page of the application and make sure that you have signed the application.
- Obtain the certification of the Dean's Office (Section V of the application).
- Include at least one letter of recommendation in the packet (page 5 of the application).
- A FULLY COMPLETED AND TIMELY APPLICATION PACKET MUST BE POSTMARKED NO LATER THAN MARCH 1ST PRIOR TO THE ACADEMIC YEAR FOR WHICH AID IS BEING REQUESTED. INCOMPLETE PACKETS WILL BE DISQUALIFIED.

RETAIN THIS SHEET FOR FUTURE REFERENCE

This scholarship is available for students who are residents of **Grant, Iowa or Lafayette** counties in Wisconsin who are accepted for enrollment or are enrolled in a **duly accredited four-year** college or university located in the State of Wisconsin or other four-year-college or university as is approved by the Trustee. **Only three scholarships may be awarded to students attending the University of Wisconsin-Platteville. The scholarship is limited to students pursuing a degree in undergraduate studies. A student may only be awarded the scholarship for a maximum of four (4) years or eight (8) semesters.**

NAME OF APPLICANT _____

SCHOLARSHIP APPLICATION

I. Personal

1. Name _____ 2. Age _____ 3. Birthdate _____
Mo. Day Year
4. Permanent Address _____
(Where mail will always reach you) Street City County State Zip Code
5. Address While in School _____
Street City State Zip Code
6. Home Phone _____ 7. Phone While in School _____
8. Preferred method of contact: e-mail _____ Telephone _____
E-mail address

II. Family

1. Father's Name _____ 2. Adjusted Gross Income \$ _____
3. Address _____ 4. Phone _____
Street City State Zip Code
5. Mother's Name _____ 6. Adjusted Gross Income \$ _____
7. Address _____ 8. Phone _____
Street City State Zip Code
9. Ages of any dependents or siblings in your home who are in high school or younger _____

10. Will any of your brothers or sisters be in college or graduate school during the year for which you are applying?
___ Yes ___ No If yes, how many? _____
11. Describe any special circumstances that would limit the amount of family financial assistance possible or any other factors that should be considered in evaluating your application.

NAME OF APPLICANT _____

III. Education

1. What year of college are you entering? ___ Freshman ___ Sophomore ___ Junior ___ Senior
2. Name of Present School _____
3. Name of college at which you are accepted and plan to attend _____
Address _____
Street City State Zip Code
4. I expect to graduate from college (month, year): _____
I expect to graduate high school (month, year): _____
5. Have you received the Jones Scholarship in the past? ___ Yes ___ No If yes, for which year(s)? _____

IV. Financial

1. Academic year for which this grant will be used: ___ Freshman ___ Sophomore ___ Junior ___ Senior
From: _____ 20 _____ to _____ 20 _____
2. Will your parents assist with your education expenses? ___ Yes ___ No
If yes, what amount will they contribute for the period covered by this application? \$ _____
4. Will you be receiving any other scholarships? ___ Yes ___ No
If yes, in what amount(s)? _____
5. If this scholarship award will be used for educational expenses other than tuition or books, please explain:

The undersigned represents and warrants that the information contained herein is true and correct. The Thomas B. Jones and Grace Stevenson Jones Charitable Foundation is authorized to verify the correctness of this information and to procure any other information it may require.

Date _____ Signature of Applicant _____

PRINT NAME _____

NAME OF APPLICANT _____

THOMAS B. JONES AND GRACE STEVENSON JONES CHARITABLE FOUNDATION

IV. School Certification (to be completed by applicable college or high school recommending scholarship):

1. Name and address of school _____

2. Student's address as it appears on school records _____

3. Degree sought _____

4. Expected graduation dated _____

5. To the best of your knowledge, please describe the applicant's academic performance to date.

6. Summary ranking of academic performance

Excellent _____ Good _____ Average _____ Unsatisfactory _____

7. General qualifications Cumulative GPA _____

(a) Full time Yes No

(b) Student expected to complete program Yes No

(c) Other (please specify): _____

8. I certify that the applicant whose true signature appears on the previous page is enrolled as stated in this Application, and is in good standing.

Date _____ Signature _____

PRINT NAME _____

TITLE _____

NAME OF APPLICANT _____

THOMAS B. JONES AND GRACE STEVENSON JONES CHARITABLE FOUNDATION

**THOMAS B. JONES AND GRACE STEVENSON JONES
CHARITABLE FOUNDATION
230 WEST STATE STREET M-300
SYCAMORE, ILLINOIS 60178**

I voluntarily waive my access to this
Recommendation under Public Law
93:380 so that it may be kept confidential.
Recommendation.

If no waiver is signed, Public Law 93:380
permits the student to inspect this

Signature of Applicant

LETTER OF RECOMMENDATION TO SUPPLEMENT APPLICATION FOR SCHOLARSHIP

Name of Applicant _____

Address _____

(Street)

(City)

(State)

(Zip)

(Applicant: fill in above and give to person writing recommendation.)

Writer of Recommendation: Please write a statement below (or attach a separate sheet) indicating your opinion of the applicant's ability to pursue school studies and achieve professional success after graduation. Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than routine praise.

Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Date _____

Date _____

**RETURN TO: Executive Director, Thomas B. Jones and Grace Stevenson Jones Charitable Foundation, 230
West State Street M-300, Sycamore, Illinois 60178**

NAME OF APPLICANT _____

All application materials, school certification and letters of recommendation must compiled into one single packet. The packet must be postmarked no later than March 1st of the granting year.