

JENNINGS EDUCATIONAL FOUNDATION
7400 N MELVINA AVE., NILES, IL 60714
(847)647-0010 (847)647-0606 FAX



SCHOLARSHIP APPLICATION

Please Print or Type DATE _____

NAME _____

SIGNATURE _____

Permanent Address _____ Tel# _____

_____ Zip _____

Parents Address: same

Smithereen Office Kansas City Office

Address _____ Zip _____

Name of Manager _____

Name of Employee _____

Relationship of Applicant to Employee _____

Institute of higher learning where scholarship is to be used:

Name _____

Address _____

Name and Phone# of Advisor _____

Which class will applicant be in *NEXT* semester?

Elementary School Grade: _____

Intermediate/Junior High School Grade: _____

High School Grade: _____

College or Graduate School Grade: _____

List your **Major** field of study _____

If *attending* an elementary, junior high, or high school, please include grades from the previous year. Enclosed Will send

If *entering* a college or university, please include high school transcript. Enclosed Will send

If *currently* in college, provide transcripts from all colleges attended. Enclosed Will send

LIST EXTRA CURRICULAR ACTIVITES

Include athletic and non-athletic activities, awards, leadership roles and work experience.

References: please list at least one teacher

Name _____

Name _____

School _____

School _____

Address _____

Address _____

Tel# _____

Tel# _____

- **Please type a letter to the Scholarship committee of less than 350 words that indicates why you believe you should be awarded this scholarship. Pertinent financial or personal information not covered by the above application should be included. This letter must accompany the application.**
- **Please include a copy of a billing statement or receipt.**
- **Mail completed forms and letters to:**

**Jennings Educational Foundation
Attn: Jack Jennings
7400 N Melvina Ave.
Niles, IL 60714**