



**SCHOLARSHIP APPLICATION**

**Student Information:** ( Please print or type)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone (Area code and number) \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School Name \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Graduation Date \_\_\_\_\_

SAT Scores \_\_\_\_\_ ACT Score \_\_\_\_\_

**Parent/Guardian Information:**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone (Area code and number) \_\_\_\_\_ E-mail \_\_\_\_\_

**Educational Plans:**

School attending in the fall \_\_\_\_\_

- Accepted?  Yes  No  
 Two-year  Four-year  Vocational/Trade  
 Private  Public

Intended Major \_\_\_\_\_

Intended Degree  Bachelor  Master  Certificate  Other

**Educational Expenses:**

Tuition/ Fees        \$ \_\_\_\_\_  
Room/Board         \$ \_\_\_\_\_  
Books/Materials    \$ \_\_\_\_\_  
Personal Expenses \$ \_\_\_\_\_  
Transportation     \$ \_\_\_\_\_  
**Expense Total:**    \$ \_\_\_\_\_

**Available Income/Subsidy:**

Scholarships/Grants \$ \_\_\_\_\_  
Loans                 \$ \_\_\_\_\_  
Family Support      \$ \_\_\_\_\_  
Employment         \$ \_\_\_\_\_  
Other                 \$ \_\_\_\_\_  
**Support Total:**    \$ \_\_\_\_\_

**Financial Information:**

Student is:        Dependent    Yes    No    \*Independent  Yes    No

**\*An Independent student is either 24 years of age, or has not been claimed as a dependent on his/her parents'/ guardians' federal income taxes for the previous year.**

Number of people in household \_\_\_\_\_

Number of people in household attending college full-time this next year \_\_\_\_\_

**Family Income:**

Family Gross Income \$ \_\_\_\_\_

Other Income        \$ \_\_\_\_\_

**Special Circumstances: (illness, medical, divorce, child support, other)**

---

---

**Certification Statement:**

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide additional information for verification purposes.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Additional Information:**

A) Honors Received

---

---

B) Extracurricular/ Community Activities

Dates	Activity/Project/Results

## SCHOLARSHIP APPLICATION

Page 4

### C) Work Experience

Dates Work Experience

### D) Student Essays (Please type and attach to your application.)

1. How has your parent's battle with breast cancer impacted your life?
2. What are your reasons for pursuing further education?
3. What inspired you to select your particular course of study or vocation?
4. What are your career goals? Explain how receiving this scholarship would help you achieve those goals.

### **Attachments:**

Please attach:

- \* **3** letters of recommendation
- \* Copy of certificated high school transcripts
- \* Student Essays
- \* Copy of acceptance letter to College or University
- \* Photograph
- \* **also attach the documents on the scholarship program guidelines list.**

**Application Due Date: June 30, 2010**

**Please Mail to:**

**THE LORRAINE JACKSON FOUNDATION**  
c/o CHEONG, DENOVE, ROWELL & BENNETT  
10100 Santa Monica Boulevard, Suite 2460  
Los Angeles, CA 90067

TELEPHONE: (310) 753-6556 FACSIMILE: (310) 277-5254

info@PearlsofHope.com  
www.PEARLSOFHOPE.COM