



2018 Thomasville Junior Service League Scholarship Application Packet

Dear applicant,

The Thomasville Junior Service League is an organization of women who live and/or work in Thomasville and Thomas County who are service minded with a desire to help the children in our community. We are so glad that you have chosen to apply!

This year, we are proud to offer a total of four \$500 scholarships to graduating seniors: two service based scholarships and two need based scholarships, each with service being the cornerstone for these awards. Our organization's hope is to continue fulfilling our mission to support students that have needs that we are able to meet, as well as for their work and dedication to Thomasville and Thomas County.

On the following pages, you will complete your application. It should include:

1. Applicant Information (a parent/guardian signature is also required)
2. Community Service
3. Extra-curricular Activities, Sports, Clubs Information
4. Essay (typed or handwritten)
5. Teacher Recommendation
6. Expected Family Contribution
7. School Counselor's Recommendation (this form should be given to your School Counselor, but kindly ask that they send this form separate from your application)

The directions for completing each section will be given at the beginning of each page. Please pay close attention to the required information to complete each section. The Scholarship Committee will blindly judge the applications and our decisions will be made known to the School Counselors and/or Administrators at your school.

Each completed application packet should include three copies of your application for the committee to review. Applications should be postmarked no later than April 1, 2018 and sent to the following:

**Thomasville Junior Service League
Scholarship Committee
PO Box 279
Thomasville, GA 31799**

Should you have any questions regarding the application, please reach out via email at jsleyeglasses@gmail.com. We look forward to awarding recipients in this year's graduating class for their dedication to our community!

Warmest regards,
Thomasville Junior Service League
Scholarship Committee

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Applicant Information

Applicant Name _____

Date of Birth (DOB) ____/____/____ (please write your DOB on the bottom of each page)

Address _____

Email Address _____

Best method(s) of contact _____

High School/College currently attending _____

Perspective College/University _____

Intended Area of Study _____

The Thomasville Junior Service League requests your permission to use your name, likeness or essay in publications for the purpose of promoting the mission of our organization. Additionally, we ask your permission for your High School School Counselor to complete a confidential form indicating your grade point average and attendance. To do so, we ask that both the applicant, as well as a parent/guardian, provide their written permission.

Applicant Name

Applicant Signature

By signing below, I agree and affirm that I give my permission for my child's name, likeness or essay to be used in publications for the Thomasville Junior Service League. I also agree for my child's High School School Counselor to complete a confidential form indicating their grade point average and attendance. Lastly, I acknowledge that I have reviewed their application and verify that the information provided is correct, to the best of my knowledge.

Parent/Guardian Name

Parent/Guardian Signature

DOB ____/____/____

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Community Service

The Thomasville JSL is a women’s organization dedicated to meeting the economic, recreational, cultural, and medical needs of children in our community through our community service and fundraising. Please gather information regarding community service performed only in Thomasville and Thomas County between the dates January 1, 2016 to December 31, 2017 (last two calendar years).

List the dates of service, the organization with which you were serving, the number of hours you performed *direct service*¹, a description of the community service, and the signature of an adult advisor within this organization. If you have volunteered with an organization on multiple occasions, please list each specific service opportunity to allow us to know you better through your community service work. Should you need additional entries, please make a copy of this page and continue on the second form. *All service must be verified by an adult advisor affiliated with your service organization for credit. If a log for school purposes is being kept, which also has the verification of these hours, this can be submitted. Please, however, mark the copy of the log to highlight the hours accrued between the specified dates and service area.*

Date of Service	Organization	Hours Earned	Description of Hours	Signature of Supervising Adult

¹*Direct service is deemed as hours directly serving in the Thomasville and Thomas County communities. Please be careful to adhere to the community service dates, retrieve the necessary confirmation of hours signature, and only include direct service completed in our community. Do not count community service performed outside our community, nor that which was not in direct service to an individual or organization.*

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Extra-curricular Activities, Band, Sport, Club or Team

Use the table below to compile a list of extra-curricular activities in which you participated. Circle the school year(s) that you were *actively* involved, list any position(s) held, and have this involvement verified by a sponsor by providing their signature. Should you need additional entries, please make a copy of this page and continue on the second form. **All entries must be verified by an adult advisor affiliated with your activity/group for credit.**

Activity, Band, Sport, Club or Team	Years of Activity	Leadership Positions Held	Signature of Supervising Adult	Did this require <i>routine</i> practices or competition?
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions
	9 10 11 12			Yes ___ practices/week Yes ___ competitions

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Expected Family Contribution

The Expected Family Contribution (EFC) is a tool used to determine an applicant's family's financial strength. The EFC is a formula that colleges and universities use to determine a family's ability to help offset the costs of college tuition. The EFC is not the only component by which we score the applications for the need based scholarships. If a student does not complete the EFC calculator (instructions below) and provide the results printout as part of their application packet, they will only be considered for the service based scholarships, regardless of their financial need.

To access the Expected Family Contribution calculator:

1. Open your internet browser.
 - a. Use the URL to take you to the EFC Calculator <https://tinyurl.com/JSLEFC>
 - b. Open your browser search engine and enter the following keywords:
"college" "board" "EFC"
*The first option in the search results should bring you to the Big Future/College Board EFC calculator.
2. Complete the steps by providing the requested information in the calculator.
 - a. Select the both the FM & IM formula results to be displayed
 - b. Be sure to use information from the year 2016
3. After completing all the steps, the results page should display.
4. Please print your results page. Write your DOB on the bottom right corner of the page and submit this with your application packet.

DOB ____/____/____

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School Counselor Form

Counselors - please provide the following information for the student whom has requested your input. Once complete, hold this form and return all "School Counselor Forms" for the 2018 Junior Service League Scholarship Application Packet at once. Your assessment of the student and the information you provide will remain confidential and unseen by the student, their parents and our general membership.

Student's Name _____

HOPE Scholarship GPA: _____

Please list the number of classes, to date, in which the student has earned credit:

Honors _____
Advanced Placement (AP) _____
Dual-Enrollment (PSO, MOWR) _____
International Baccalaureate (IB) _____

Does this student have 10 or more unexcused absences for the current 2017-18 school year? Yes No

Does this student have 10 or more tardies for the current 2017-18 school year? Yes No

In your professional opinion, do you feel this student should be highly considered or not considered for these scholarships? Please explain.

Counselor's Signature _____

School _____

Please collect and hold all Counselor Recommendation Forms to send together. Please do not give your recommendation form back to the student. Forms should be postmarked no later than April 1, 2018 for the applicants to receive consideration for the 2018 Junior Service League Scholarships. Forms can be sent to the following address:

Thomasville Junior Service League
Scholarship Committee
PO Box 279
Thomasville, GA 31799

DOB ____/____/____

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Final Checklist
(do not return this page with your application)

- Applicant Information (a parent/guardian signature is also required)
- Community Service form
- Extra-curricular Activities, Sports, Clubs Information form
- Essay questions
- Teacher Recommendation form
- Expected Family Contribution print-out
- School Counselor's Recommendation (sent in by your School Counselor)

*Please be sure your DOB is listed at the bottom of each page.

***You must send three copies of your application at the time of your submission.**

*Applications must be postmarked by April 1, 2018.

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Thomasville, GA 31799

For any additional questions, please contact the Thomasville Junior Service League via email:
jsleyeglasses@gmail.com

DOB ____/____/____