



# NABCJ

OKLAHOMA CHAPTER  
PO BOX 3264 OKLAHOMA CITY OK 73101-3264



## Jackson, Dickerson, Logan Scholarship Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Date Of Birth: MM/DD/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_

Check One: I am a/an...

employee/facility \_\_\_\_\_

child/grandchild/step-child of employee/facility, Student \_\_\_\_\_

In the Spring/Fall of 2014, I will be attending college as a: (Circle One) Freshmen

Sophomore      Junior      Senior      Graduate Level

Medical School Student      Nursing School Student      Other: \_\_\_\_\_

I will be attending the following school in Spring/Fall of 20\_\_ : \_\_\_\_\_

(proof of current student enrollment from the above school, in writing, is required.)

Grade Point Average (GPA):\_(4.0 scale) Attach proof of GPA ACT Score \_\_\_\_\_

Or  
SAT Score \_\_\_\_\_ A copy of your ACT or SAT score sheet is required for incoming Freshmen only.

Please include copy of all college transcripts (past and current schools)

Name and City of high school attended: \_\_\_\_\_

Year Graduated \_\_\_\_\_

What Specialty/Major do you plan to major in as you continue your education? \_\_\_\_\_

List Expenses you expect to incur per semester: Amount in \$

- A. Tuition:
- B. Books:
- C. Room & Board:
- D. Other Expenses:

List other financial assistance you will receive per semester.

- A. Personal:
  - B. Other Scholarships:
  - C. Grants:
  - D. Student Loans:
  - E. Other Financial Resources:
- 

List your academic honors, awards, and membership activities while in high school and/or college. You can attach your resume if it has this information. \_\_\_\_\_

---

List any community service activities, hobbies, outside interests, and extracurricular activities. You can attach your resume if it has this information. \_\_\_\_\_

---

Statement of Purpose: Please include 300-500 typed statement stating your educational and professional goals and objectives. This is required to be considered for the scholarship.

Statement of Accuracy:

I hereby affirm that all the stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Jackson, Dickerson, Logan Scholarship program.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

The deadline for this application to be received is **August 29, 2014**. Remember all applications are to be mailed to the "NABCJ-Oklahoma Chapter, Jackson, Dickerson, Logan Scholarship Fund", PO Box 3264, Oklahoma City, Oklahoma 73101-3264.