

Jacobsen Scholarship Fund

Criteria for Application

(Updated Fall 2010)

Mission: Florence S. and Ted C. Jacobsen have spent a lifetime serving in their church, community and family. The resources that they built through their hard work are now benefiting students who will honor their legacy of service through their own diligent service and commitment to scholarship.

The Jacobsen Scholarship Fund is a donor advised scholarship that focuses on undergraduate education and provides need-based scholarships to students who are active and worthy members of the Church of Jesus Christ of Latter-day Saints as well as citizens of the United States of America. This fund focuses on serving those students who will most effectively use this scholarship award to pursue their educational goals. Preference may be given to upperclassmen who have demonstrated commitment to their educational progress. Other criteria include students who:

- Are enrolled, or accepted for enrollment, full-time in an accredited post-secondary institution within the United States and its territories
- Provide evidence of financial need
- Show evidence of ability to succeed in the post-secondary environment. In most cases this is demonstrated by maintaining a GPA of at least 2.75; however, this standard is not absolute for selection

While it is not a requirement in any way for the awarding or continuation of this scholarship, applicants are encouraged to voluntarily make donations to replenish the Jacobsen Scholarship Fund when, and if, their financial circumstances permit. Any funds received for this purpose will be added to the principal of the fund and used for continued awards to qualified applicants.

This fund is a Donor Advised Fund administered by Deseret Trust Co.

Scholarship Award Amounts: The maximum award will be equal to the **full-time undergraduate resident** tuition plus a standardized amount for books, supplies and fees for the institution in which the student is enrolled. Scholarship amounts will be determined in each application period and are not guaranteed from one period to the next.

All scholarship funds awarded will be transferred directly to the institution specified by the student in his/her application. Funds not used within the semester for which they are allocated or at the institution for which the applicant makes application will revert to the Jacobsen Scholarship Fund and cannot be transferred to other institutions or academic enrollment periods. No cash payments will be made directly to the student.

The Advisory Committee reserves the right to award an amount equal to or less than the full amount available. Final determination of all awards is solely at the discretion of the Jacobsen Fund Advisory Committee and subject to review and final approval by Deseret Trust Co.

Continuation and Renewal: If you have applied in either of the last two application periods (ie: last Winter **or** last Fall), then you may file a Renewal vs. an original Application. If you did not apply last Fall or Winter, you will need to submit the original Application.

The scholarship may be renewed for a total of eight (8) semesters, or the equivalent thereof, depending upon the availability of funds. Renewal is also contingent on applicants' continued worthiness and whether they meet all renewal criteria by the deadlines indicated.

Renewal applications must be submitted each enrollment period; renewal applicants must undergo the same process of review as other candidates and renewal is not guaranteed.

Application Checklist: Please compile and include all of the information requested. Incomplete applications will not be considered.

- ❑ Completed *Jacobsen Scholarship Fund Application*
- ❑ Completed *Financial Worksheet*
- ❑ Two (2) letters of recommendation and the *Letters of Recommendation Contact Sheet*
- ❑ Current SAR (obtained with your PIN after filing your FAFSA at www.fafsa.ed.gov) or Current ISIR (obtained from your Financial Aid Office) Multi-page document
- ❑ Complete Official Transcript (high school **Official** transcript acceptable for incoming Freshmen) from each institution attended
- ❑ Letter of Acceptance from Institution (Freshmen and Transfer Students Only) If transferring, include a statement in the application about why a transfer is occurring.
- ❑ List of classes you intend to enroll in this application period
- ❑ Application Letter. Why should this Fund make an investment in you and your future? Demonstrate your need for the scholarship and how you plan to use it to further your educational goals. Include: A description of all the resources, personal or otherwise, that will be contributing to your education and address all monies from family, spouse, employment, grants, scholarships, loans, trusts, social security, etc. (1 page letter)

Self Addressed, STAMPED (with current postage to your address), letter size ENVELOPE

To Qualify for Review: Submit the above materials, compiled into **one packet**, to the Selection Committee by the stated deadline for the semester you are requesting aid.

It is your responsibility to compile and submit all parts of your application in **one packet**. You will need to gather all the required materials and mail them in one envelope, with the transcript and letters of recommendation enclosed. Incomplete applications will not be reviewed and will be discarded. The complete application file must be **postmarked or received** at the Jacobsen Scholarship Fund Office by the deadlines below. **Late applications** will not be reviewed. Faxed applications are not accepted.

Application and Renewal Deadlines:

- Fall Semester June 1
- Winter Semester October 15

Notification Dates: (approximate)

- Fall July 31
- Winter December 15

Send the completed application in one packet to The Jacobsen Scholarship Fund; 1400 Foothill Drive Suite 25; Salt Lake City, Utah 84108. Contact your Financial Aid Office for information and assistance in completing these materials. Please do not contact the Jacobsen Fund or Deseret Trust directly with questions related to the application process. Direct all questions to your campus Financial Aid Office.

Administered by Deseret Trust Company, Trust No. 242200426

Jacobsen Scholarship Fund
New Application
(Updated Fall 2010)

1. APPLICANT INFORMATION:

Name: _____
(TITLE: Mr/Mrs/Ms) (FIRST) (LAST)

Address: _____
(STREET) (CITY, STATE) (ZIP CODE)

Phone: _____ Email: _____

Social Security #: _____ Marital Status and Number of Children: _____

2. INSTITUTION INFORMATION: The undersigned hereby applies to the above named fund for financial support for educational expenses to attend the following educational institution

Name of Institution _____

Financial Aid Office Address _____
(STREET) (CITY, STATE) (ZIP CODE)

Director of Financial Aid _____
(NAME) (PHONE NUMBER)

Degree/Certificate/License sought: [] Associate [] Bachelors [] Masters [] Doctorate Other _____

GPA: _____ Major: _____ Application Period: _____
(SEMESTER) (YEAR)

Year in school: [] Freshman [] Sophomore [] Junior [] Senior [] Graduate Other _____

3. FINANCIAL NEED: Please mark the following as they apply

- The student/applicant **IS** self-sustaining and **IS NOT** claimed by another as an exemption for tax purposes.
- The student/applicant **IS NOT** self-sustaining and **IS** claimed by another as an exemption for tax purposes.

State any extenuating circumstances or unusual expenses (be thorough and specific):

Will you be working during school? _____

If yes, what is your anticipated income for the school semester for which you are seeking assistance?

\$ _____

If you will not be working state why you are unable to work:

Total Amount Requested \$ _____
(DO NOT LEAVE BLANK)

4. LDS CHURCH INVOLVEMENT:

Ward: _____ Stake: _____

Current Church calling: _____

Did you serve a mission: Yes No

If so, where: _____ When: _____

Bishop's Endorsement:

I certify that the student making application for this scholarship is a worthy member of The Church of Jesus Christ of Latter-day Saints attending my ward and the above information regarding Church participation is correct.

Print Name

Bishop's Signature

Ward: _____

Telephone

Email

5. CITIZENSHIP: I certify that I am a **citizen** of the United States of America.

6. CERTIFICATION:

I certify that all the information submitted on this and previous applications is true, correct, and complete to the best of my knowledge. I also understand that any untrue or misleading information provided by me in any of the statements given will result in the forfeiture of any current awards and denial of consideration for any future awards. I understand that the Jacobsen Scholarship Fund is an award based on need. I will use any funds I receive in connection with this scholarship carefully and only for those needs I have outlined in this application.

Signature of applicant

Date

Financial Worksheet

EXPENSES:

Total amount of your anticipated financial need for the semester:

Tuition	_____
Books and Supplies	_____
Housing and Food	_____
Transportation	_____
Airlines, other public transport	_____
Vehicle:	
Car payment	_____
Gas	_____
Insurance	_____
Maintenance	_____
Model and yr _____	_____
Medical:	
Insurance _____	_____
Medical Expenses _____	_____
Other expenses (list):	_____

Total anticipated expense	_____

INCOME:

All sources and amounts of funding and income you anticipate for the semester/term:

Your employment	_____
Parents or Family (includes spouse)	_____
Grants (Pell, etc)	_____
Loans	_____
Athletic Grants	_____
Scholarships (List all awards from all public and private sources):	_____
Source:	Amount:
_____	_____
_____	_____
Other Funding:	_____
Total anticipated income	_____

Amount requested from the Jacobsen Scholarship Fund: _____
(DO NOT LEAVE BLANK)

Your place of employment:	_____
Father's occupation and place of employment:	_____
Mother's occupation and place of employment:	_____
Spouse's occupation and place of employment	_____

Any fraudulent or misleading statement on this Financial Worksheet will result in immediate disqualification.

Letters of Recommendation Contact Sheet

Submit two (2) letters of recommendation from individuals not related to you who can comment on your character and educational promise. Include this completed sheet in your application packet along with the unopened letters. It does not need to be attached in any way. Be certain that complete contact information is included for each person writing a letter of recommendation for you. **If this form is not complete, your application will not be reviewed.**

Letter One:

Name: _____
(TITLE: Mr/Mrs/Ms) (FIRST) (LAST)

Address: _____
(STREET) (CITY, STATE) (ZIP CODE)

Phone: _____ Email: _____

What is your Sponsor's occupation and job title? _____

In what capacity do they know you? _____

Letter Two:

Name: _____
(TITLE: Mr/Mrs/Ms) (FIRST) (LAST)

Address: _____
(STREET) (CITY, STATE) (ZIP CODE)

Phone: _____ Email: _____

What is your Sponsor's occupation and job title? _____

In what capacity do they know you? _____

The Advisory Committee reserves the right to contact the individuals providing your letters of recommendation.