

Jacobsen Scholarship Fund

Criteria for Renewal

(Updated Fall 2009)

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.

**Jacobsen Scholarship Fund
Renewal Application
(Updated Winter 2008)**

1. APPLICANT INFORMATION:

Name: _____
(TITLE: Mr/Mrs/Ms) (FIRST) (LAST and PREVIOUS if applicable)

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 _____

Amount(s) of previous Jacobsen Scholarship Awards:
Semester Award Amount

Total: _____

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

Ward:

Bishop's Signature

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.