

**JELLISON BENEVOLENT SOCIETY, INC.**  
**P.O. BOX 145, JUNCTION CITY, KS 66441-0145**  
TELEPHONE: 785-762-5566 – EMAIL: [s\\_williams1948@yahoo.com](mailto:s_williams1948@yahoo.com)

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Dear Applicant:

Enclosed is the Jellison Benevolent Society scholarship application form that you requested. Complete this form as fully and accurately as possible as an incomplete application will be returned and may be rejected. We need to receive the completed application, along with all attachments called for in the application, no later than the 20<sup>th</sup> day of June for the fall semester and by the 20<sup>th</sup> day of November for the spring semester. We review the applications at our meetings in early July and December and send out letters to those we have awarded grants as soon thereafter as possible. In this regard, if you have not received any word by the 20<sup>th</sup> of July or the 20<sup>th</sup> of December, you should get in touch with me to check on the progress of your application.

The grant must be sent directly to the university or other educational institution that you are attending and should be there when you enroll, although from time to time there are delays. This grant can be used toward tuition, books and related school expenses only. This is a grant and not a loan so it does not require repayment. The grant can be renewed for succeeding semesters without a new application form being completed as long as you send a copy of your transcript, if available, or last semester grades as soon as they are available and inform us of any changes of educational institution. We should be notified if for any reason you are unable to attend college for any period of time.

Grades are quite important in making our decision, but also your financial situation is taken into consideration. A preference is given to local and Kansas applicants. As funds allow, we do make grants out of the area from time to time. Grants are restricted to high school graduates and beyond and end at the bachelor's level in most instances.

If you should have any questions with regard to the application form or grant process, please do not hesitate to contact me by phone or email.

Sincerely yours,

Susan E. Williams, Secretary  
Jellison Benevolent Society, Inc.

**APPLICATION  
JELLISON BENEVOLENT SOCIETY, INC.  
FOR HIGH SCHOOL GRADUATES & BEYOND ONLY**

**DEADLINES: JUNE 20<sup>TH</sup> - FALL AND NOVEMBER 20<sup>TH</sup> - SPRING**

**IN ORDER TO CONSIDER GRANTS IT IS NECESSARY THAT THIS APPLICATION FORM BE FULLY COMPLETED. IN PARTICULAR, WE NEED TO KNOW THE AMOUNT OF THE PARENTS' INCOME (SUBSTANTIATED BY MEANS OF TAX RETURN INFORMATION) AND THE EXTENT OF THE PARENTS' SUPPORT FOR THEIR CHILDREN IN THE COLLEGE EDUCATIONAL ENDEAVOR. FAILURE TO CAREFULLY AND FULLY COMPLETE THE APPLICATION WILL RESULT IN ITS BEING REJECTED.**

**NOTE: IF APPLICATION IS BEING COMPLETED BY SOMEONE POST-HIGH SCHOOL AND ALREADY ATTENDING COLLEGE OR MARRIED AND SELF-SUPPORTING, IT SHOULD BE COMPLETED IN THIS CONTEXT IN AS MUCH DETAIL AS POSSIBLE.**

NAME: \_\_\_\_\_ COLLEGE ID (SEE BELOW\*) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

College or university you plan to attend

Name: \_\_\_\_\_

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

Area of Concentration or major: \_\_\_\_\_

**ATTACH COPY OF HIGH SCHOOL TRANSCRIPT (AND COLLEGE TRANSCRIPT, IF APPLICABLE). ALSO ATTACH COPY OF ACT OR SAT TEST SCORES, IF AVAILABLE. FAILURE TO COMPLETE WILL RESULT IN REJECTION.**

FATHER'S NAME (OR SPOUSE IF MARRIED) \_\_\_\_\_

OCCUPATION IN DETAIL: \_\_\_\_\_

ESTIMATE OF EARNINGS: \_\_\_\_\_

(Attach tax return, financial report or W-2 with Social Security Nos. Omitted)

EDUCATION: \_\_\_\_\_

MOTHER'S NAME (IF APPLICANT NOT MARRIED) \_\_\_\_\_

OCCUPATION IN DETAIL: \_\_\_\_\_

ESTIMATE OF EARNINGS: \_\_\_\_\_

(Attach tax return, Financial Report or W-2 with Social Security Nos. Omitted)

EDUCATION: \_\_\_\_\_

Number of Children in Family & Supported by Parents (or you if self-supporting) \_\_\_\_\_

List Name and Age of Each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Children in College & Supported by Parents (or you) \_\_\_\_\_

**ESTIMATE OF COSTS PER SEMESTER:**

Tuition Per Semester \_\_\_\_\_

Room Per Semester \_\_\_\_\_

Books & Fees Per Semester \_\_\_\_\_

Other College Expenses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Please specify Per Semester)**

**TOTAL PER SEMESTER** \_\_\_\_\_

**REVENUES AVAILABLE PER SEMESTER:**

Assistance from Parents, If Any \_\_\_\_\_

Personal Savings, If Any \_\_\_\_\_

Earnings From Job, If Any \_\_\_\_\_

**Other Grants or Awards (SPECIFY NAME OF GRANT OR AWARD, AMOUNT OF GRANT AWARDED & LENGTH OF TIME WILL RECEIVE)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Sources of Funds (Please Specify Clearly What Funds, How Long Receive and Amount): \_\_\_\_\_

\_\_\_\_\_

**TOTAL REVENUE PER SEMESTER** \_\_\_\_\_

**TEACHER REFERENCES (Must Attach at Least Two Letters With Phone Numbers)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES OTHER THAN TEACHERS (Must Attach At Least Two Letters with Phone Nos.):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEACHER & OTHER RECOMMENDATIONS REQUIRED. MUST BE ATTACHED.**

EXTRACURRICULAR ACTIVITIES IN WHICH PARTICIPATED IN HIGH SCHOOL (OR COLLEGE IF ALREADY ATTENDING)

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SPORTS IN WHICH PARTICIPATED IN HIGH SCHOOL (OR COLLEGE IF ALREADY ATTENDING)

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AWARDS EARNED, IF ANY, IN HIGH SCHOOL (AND COLLEGE, IF APPLICABLE)

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OTHER SIGNIFICANT ACCOMPLISHMENTS IN HIGH SCHOOL (AND COLLEGE, IF ANY)

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ANY OTHER INFORMATION YOU THINK MIGHT HELP IN OUR DECISION:

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\*If unable to provide college ID, provide Social Security Number here: \_\_\_\_\_