



JUNIOR AUXILIARY OF SLIDELL  
 Post Office Box 1486  
 Slidell, Louisiana 70459  
[www.jaslidell.org](http://www.jaslidell.org)

Junior Auxiliary of Slidell is a nonprofit organization with 50 years of history serving the Slidell/Pearl River community, and a special emphasis on meeting the needs of local children.

Recognizing education as a means of improving the quality of life, the granting of the JAS-Pat Fritchie Memorial Scholarships is one of the JAS's top priorities. Scholarships are awarded to qualified students from the Slidell/Pearl River area who will attend a 4-year university.

Recipients may attend the college or university of their choice. The awarding of scholarships is based upon the applicant's qualifications. As a service organization, we especially encourage those students who have already demonstrated an active involvement in community service through school, church or other service-oriented groups. Additionally, we will review the applicants with sensitivity to financial need and academic achievement.

## INSTRUCTIONS

- (1) **Application must be complete, either neatly handwritten or computer generated.**
- (2) **Application must be submitted to:**  
 Junior Auxiliary of Slidell  
 P. O. Box 1486  
 Slidell, Louisiana, 70459  
 Attn: Scholarship Chairman  
**Must be received by March 15th. Late applications will not be considered!**
- (3) Two (2) complete scholarship recommendation letters must be included with application. One (1) of the recommendation letters must be completed by an educator and one (1) of the recommendation letters must be from an individual (non- relative) who has known applicant long enough to comment on character, abilities, motivation, background, etc. of applicant.
- (4) Certified high school transcript from the ninth grade through the due date of this application, including SAT or ACT scores, should be mailed to the address listed above by your school. *(Please include a COPY of transcript in your packet)*
- (5) Federal tax information **MUST** be included. It will be shredded after scoring of application.

**\*\* CURRENT AND FORMER JAS MEMBERS' CHILDREN ARE NOT ELIGIBLE \*\***

**ACADEMIC INFORMATION:**

Weighted GPA: \_\_\_\_\_ Un-weighted GPA: \_\_\_\_\_ Class Rank or Percentile:  
\_\_\_\_\_

SAT SCORE: \_\_\_\_\_ and/or ACT SCORE: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Please attach IRS Form 1040 or IRS Form 1040A (2 pages) as verification of your family's income from the Federal Tax Return for the previous year:

From Line 37, Form 1040, or Line 21, Form 1040A, please enter the adjusted gross income shown on the 2015 return:

\_\_\_\_\_ under \$25,000 \_\_\_\_\_ \$25,000 to \$50,000 \_\_\_\_\_ \$50,001 to \$75,000  
\_\_\_\_\_ \$75,001 to \$100,000 \_\_\_\_\_ over \$100,001

Number of dependents in your family: \_\_\_\_\_

Are any of your siblings in college: \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Explain in detail any pressing financial circumstances:

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Explain any employment plans you have for your first year at college:

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**EMPLOYMENT HISTORY (past 2 years):**

<u>Employer</u>	<u>Job Title</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COLLEGE INFORMATION:**

Name and location of college/university you plan to attend:

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Start date: \_\_\_\_\_ Number of hours you plan to take: \_\_\_\_\_

Estimated costs to attend the first year of school:

Tuition: \_\_\_\_\_ Books: \_\_\_\_\_

**LIST OF PERSONAL ACTIVITIES AND ACCOMPLISHMENTS**

**ACADEMIC HONORS:** List high school honors/special recognition.

9<sup>TH</sup> gr: \_\_\_\_\_

10<sup>th</sup> gr: \_\_\_\_\_

11<sup>th</sup> gr: \_\_\_\_\_

12<sup>th</sup> gr: \_\_\_\_\_

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(List on separate sheet, if needed)

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**EXTRACURRICULAR ACTIVITIES:** Length of participation and any office held.

9<sup>TH</sup> gr: \_\_\_\_\_

10<sup>th</sup> gr: \_\_\_\_\_

11<sup>th</sup> gr: \_\_\_\_\_

12<sup>th</sup> gr: \_\_\_\_\_

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(List on separate sheet, if needed)

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**COMMUNITY SERVICE:** Type of activity and length of participation.

9<sup>TH</sup> gr: \_\_\_\_\_

10<sup>th</sup> gr: \_\_\_\_\_

11<sup>th</sup> gr: \_\_\_\_\_

12<sup>th</sup> gr: \_\_\_\_\_



**ESSAY:** The Junior Auxiliary of Slidell is an organization that recognizes and rewards community service. Please provide a statement of 250 words or less detailing a community project in which you participated and what you gained from that experience.



No: \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

NAME BY WHICH YOU PREFER TO BE CALLED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Address) (City) (State) (Zip)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

HIGH SCHOOL: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

**FAMILY INFORMATION:**

FATHER: \_\_\_\_\_  
(Name)

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

OCCUPATION AND EMPLOYER: \_\_\_\_\_

MOTHER: \_\_\_\_\_  
(Name)

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

OCCUPATION AND EMPLOYER: \_\_\_\_\_

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**CERTIFICATION (MUST BE SIGNED)**

I certify that the information given in this application is complete and accurate to the best of my knowledge. And further, if chosen as a scholarship recipient, I give the Junior Auxiliary of Slidell permission to use my photograph for publication in local newspapers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SCHOLARSHIP RECOMMENDATION LETTER INSTRUCTIONS

### To be filled in by applicant:

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

High School: \_\_\_\_\_

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### To the evaluator:

The applicant has been asked to secure a letter of recommendation from one educator and one other (non-relative) who knows him/her and his/her capabilities.

Please use the suggestions provided below to help you evaluate the applicant. Include how long you have known the applicant and in what capacity. You may use the back of this form for your letter. Please type or print clearly.

Letters of recommendation must be returned to the applicant for attachment to his/her application package that must be submitted to Junior Auxiliary of Slidell by **March 15th.**

- Ability to communicate and work with others
- School/work habits
- Sense of responsibility, reliability
- Personality
- Poise: Emotional stability, maturity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
email