



# Jessamine S. Henderson Memorial Adult Education Scholarship Fund



## 2009 APPLICATION

### General Information – You must be a resident of Somerset or Hunterdon County, New Jersey

Name: \_\_\_\_\_ email: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_  
Mo. Day Yr.

### Education

1. Are you a high school graduate or a holder of a GED diploma?  yes  no

2. Any additional education and/or training beyond high school level? If so, please specify:

Name of School Dates of Attendance Degree(s) Attained

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

### Specific Plans and Career Goals

1. What school do you attend? If you are not currently attending school, please list the name of school(s) and date of application where you have applied. *Acceptance and enrollment will be verified before award is granted.*

\_\_\_\_\_

2. What course of study or training do you plan to pursue? \_\_\_\_\_

3. What certification or degree do you expect to receive? \_\_\_\_\_

4. How long will this course of study take? \_\_\_\_\_

5. What is your anticipated date of graduation? \_\_\_\_\_

6. *On a separate sheet of paper*, please write a short statement about your education and career goals. Address the following three questions: Why are you interested in getting or furthering your education? How do you plan to use this education? Do you have any special circumstances (hardships) that should be considered?

### Family Information

1. Are you claimed as a dependent on your parent's/guardian's tax return?  yes  no

If yes, are your parents/guardians helping you pay for your education?  yes  no

2. Number of people living in your household: \_\_\_\_\_ Number currently / to be attending college: \_\_

3. Are you married?  yes  no

If yes, Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

4. Do you have dependents?  yes  no Number of Dependents / Ages: \_\_\_\_\_

(over)

**Financial Information** – All information submitted with this application will be treated as confidential

1. Your Current Employer/location: \_\_\_\_\_  
Position: \_\_\_\_\_ How long have you been at this job? \_\_\_\_\_  
Average Hours per week: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_
2. Past Work Experience: (please list the 2 most recent positions you have held, with dates employed):  
i. \_\_\_\_\_  
ii. \_\_\_\_\_
3. How much does/will this education or training cost annually, including books & fees: \_\_\_\_\_
4. Have you applied for any other scholarships/financial aid/grants or loans to pay for school? Please specify type and amount: \_\_\_\_\_
5. What is your current housing situation? Do you currently:     rent     own     other  
What is your monthly rent or mortgage payment? \_\_\_\_\_
6. Please check all sources of income and indicate the amount you are able to use for education:  

<input type="checkbox"/> Salary	Amount \$ _____	<input type="checkbox"/> Alimony	Amount \$ _____
<input type="checkbox"/> Financial Aid	Amount \$ _____	<input type="checkbox"/> Child Support	Amount \$ _____
<input type="checkbox"/> Scholarship	Amount \$ _____	<input type="checkbox"/> Employer Match	Amount \$ _____
<input type="checkbox"/> Personal Savings	Amount \$ _____	<input type="checkbox"/> Disability	Amount \$ _____
<input type="checkbox"/> Public Assistance	Amount \$ _____	<input type="checkbox"/> Rent Subsidy	Amount \$ _____

**References**

1. Please give the names of three persons (not relatives) who are willing to serve as references for you:  

<u>Name</u>	<u>Business / Home Phone</u>	<u>Email Address</u>	<u>Years Known</u>
i. _____	_____	_____	_____
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____

**Applicant's Authorization and Signature**

I hereby authorize the JSH Fund to publicize my name, picture and any scholarship I receive. I authorize the JSH Fund to examine my educational and financial aid records for scholarship purposes. I certify that all information provided in this application is accurate. I understand that the JSH Fund may withdraw my award due to unmet scholarship criteria and/or fund availability, and that any scholarship I may be granted must be used within 180 days of the date of the award. I certify that I am currently a resident of either Somerset or Hunterdon County, NJ. I understand that I will forfeit any scholarship award if I move.

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

How did you learn about the Jessamine S. Henderson Memorial Scholarship Fund?

- Poster     Newspaper     Internet     Friend     Other: \_\_\_\_\_

***IMPORTANT: THIS APPLICATION MUST BE RECEIVED  
OR POSTMARKED NO LATER THAN APRIL 17, 2009***

**Return Completed Application and a Signed Copy of your 2008 Federal Income Tax Return to:**

The J. S. Henderson Scholarship Fund  
P. O. Box 6346  
Bridgewater, NJ 08807-0346

*If you have further questions or need additional information, contact Keri Benscoter at (732) 271-7772*

***Visit us on the Internet: [www.hendersonscholarship.org](http://www.hendersonscholarship.org)***