

**FBJSL New Beginnings Scholarship Overview**

**What is the Fort Bend Junior Service League?**

The Fort Bend Junior Service League (FBJSL) is a nonprofit organization of women committed to promoting volunteerism, to developing the potential of women and to improving the Fort Bend County community through the effective action and leadership of trained volunteers. Our purpose is exclusively educational and charitable as well as providing an atmosphere of friendliness, goodwill and camaraderie for all members.

**What is the purpose and amount of the FBJSL New Beginnings Scholarship?**

The scholarship is established to assist a woman who has had a break or interruption in her education and who is returning to school, desiring to improve her career opportunities by furthering her education. FBJSL will award a scholarship grant in the amount of $2,000.00. The applicants must have specific degrees or training goals in mind.

**What are the requirements to qualify for the scholarship?**

Applicant must be a female resident of Fort Bend County who has had a break or interruption in her education following high school graduation, completion of her GED or last full-time semester at an accredited college, vocational school or university.

Applicant must be currently enrolled or accepted into an accredited two- or four-year college or university, or an accredited vocational school that has been approved and accredited by the State of Texas. A transcript must be submitted with the application. Applicants who have been accepted but have not begun work toward a degree should submit a copy of the letter of acceptance.

Applicant must have a financial need, as interpreted by the Beneficiary Review Committee.

Applicant must provide two (2) letters of reference from non-family members.

Applicant must submit an essay with the application. This essay must be double spaced and no more than 500 words.

**Members of FBJSL, including Fort Bend Teen Service League, and their family members are ineligible to apply for an FBJSL New Beginnings Scholarship.**

**When are decisions made?**

The evaluation process will take place through March. An acknowledgment will be sent to each applicant upon receipt of her application and at the conclusion of the evaluation process. Each scholarship recipient will be notified in March and invited to attend the FBJSL General Meeting in April for a presentation. Checks will be sent by FBJSL to the recipient’s chosen school upon receipt of written verification of enrollment/registration/payment instructions from the recipient. If the recipient decides not to attend an accredited college or university, or vocational school in the fall, she will forfeit her scholarship award. If payment instructions are not received by FBSL by May 15, 2022, FBJSL reserves the right to revoke her scholarship award.

**Will there be an interview?**

Applicants may be asked to interview with the Beneficiary Review Committee. If the Committee decides to conduct interviews, interviews will take place during the month of March.

**Where can I get a copy of the application and who do I contact if I have questions?**

You can download the application from the FBJSL website at www.fbjsl.org.

**Where do I send my application?**

Applications and required supporting documents must be sent via email to brcccom@fbjsl.com

**When are applications due?**

**Applications are due FEBRUARY 1, 2022.**



**FORT BEND JUNIOR SERVICE LEAGUE**

**NEW BEGINNINGS SCHOLARSHIP APPLICATION**

**DUE DATE: FEBRUARY 1, 2022**

**Personal Information**

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

Last First Middle

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

Street City State Zip

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a dependent of and/or related to a past or present member of FBJSL? Yes\_\_\_ No \_\_\_\_

If you answered yes, please list name of member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about this Scholarship opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

1. List high schools, universities, and vocational schools attended. Begin with schools at which you are currently enrolled. Use a separate sheet of paper if necessary.

School/Location Dates Attended Field of Study Units GPA Degree/Certificate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Which college or accredited vocational school have you been accepted to for future study?

3. What is your major course of study?

4. What are your long-term educational and career goals?

5. Briefly state why there was a break and/or interruption in your education.

6. Please list any achievements related to high school, college, employment and/or volunteer service. Use separate sheets of paper if necessary.

**Financial Need**

This information will be reviewed by authorized members of FBJSL only and will be held in strict confidence. Documentation of income and expenses may be requested.

1. MONTHLY GROSS INCOME: In addition to amounts received from employment, please include your spouse’s income, government benefits, and child/spousal support, if applicable. Use separate sheets of paper if necessary.

1. Applicant’s Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Spouse’s Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Child Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Spousal Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Government Benefits:

Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. TOTAL MONTHLY HOUSEHOLD INCOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **MONTHLY EXPENSES**:

1. Rent/Mortgage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Utilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Gas/Electric/Telephone)

1. Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Car Payment/Gasoline/Insurance)

1. Child Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Groceries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Medical Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. TOTAL MONTLY EXPENSES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If there is any significant change in your financial status by returning to school, please explain how it will impact you. You may use an additional sheet of paper if necessary.

4. Describe any personal circumstances that place you in need of a scholarship award. Use a separate sheet of paper if necessary.

**Employment History**

Begin with most recent position. Continue on separate sheets of paper if necessary. (You may attach a resume in lieu of completing this section.)

\_\_\_\_\_ Resume Attached

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Dates: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Month

Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employment Dates: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Month

Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employment Dates: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Month

Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Essay**

Please submit an essay addressing these questions to help us get to know you better. The essay should be double spaced and no more than 500 words.

1. Write about one of the following: (i) a decision you made that changed your life, (ii) a success you have achieved, or (iii) a person who has greatly influenced you.

2. How do you envision your life five years from now? How do you plan to achieve your goals?

**References**

Please attach two (2) letters of reference from non-family members.

I affirm that the information provided in this application is true and complete to the best of my knowledge. I consent to the verification of information contained in my application.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**