

SOAR SCHOLARSHIP JACKSONVILLE COLLEGE 105 B.J. Albritton Dr. Jacksonville, TX 75766

| 1. Name | | | | |
|--|---|--|--|---|
| | Last | First | Middle | |
| 2. Address _ | | | | |
| | Street or Box Number | | City, State, Zip Co | de |
| 3. Phone Nu | mber | | 4. Student ID N | umber |
| 5. Year Awa | rd Received 6. Church Membership | | | |
| following grad covers up to \$ the SOAR Con | ference to a recipient whose ence an interest in attending | e scholarship is ap onville College rep name is drawn ra | plicable only to fall an resentative will presen ndomly from those st ge. | d spring semesters and nt the scholarship annually at |
| Must make Must succe Must main in summe Must atte Must abide moral state Must enrow Class atte Must writ If the recion | r school count toward the cund all regularly scheduled chile by the rules and guideline | College. or TASFA. which will be check imulative GPA. apel meetings. es set by the Admi 5 semester hours | nistration of Jacksonvior associate-degree college Administration. | icademic year. Courses taken ille College and maintain high ourses each semester. |
| | rms of this financial aid awar as set forth in this applicatio | • | • | s to comply with the eligibility |
| Signature of A | unnlicant | | Date | OFFICE USE ONLY |
| Signature of F | γρησατιτ | | Date | Sem: |
| Signature of Director of Admissions | | | Date | Year: |

5/30/2019