

## **Doris Dorsey Jones Scholarship**

The Doris Dorsey Jones Scholarship Fund was established in her memory by her family with The Savannah Community Foundation, Inc. (the "Community Foundation"). The scholarship is open to all high school seniors in Bryan, Chatham and Effingham Counties, Georgia who have:

- Obtained a cumulative GPA of at least 80 on a 100 point scale or 2.0 on a 4.0 scale
- Demonstrated financial need as determined by the scholarship committee
- Submitted a completed copy of this application, signed and dated with all additional materials.

Scholarship awards are to assist the recipients in the payment of tuition, fees, room, board, and other academic expenses made payable to the institution.

The amount of the scholarship for the 2021-2022 academic year shall be \$1424.00, to be distributed in halves at the start of the Fall and Spring semesters. Any refunds of scholarship monies will be made to the Community Foundation, not the student.

# Doris Dorsey Jones Scholarship

***The completed application and all supplemental materials must be submitted as ONE PDF document to: [scholarships@savfoundation.org](mailto:scholarships@savfoundation.org) by Friday, March 26, 2021 at 12:00 Noon.***

***Your PDF document application should be named (if possible) as:  
\*\*\* Scholarship - Your name***

***No late or incomplete applications will be accepted.***

**You must submit the following supporting materials with this application form:**

- Official transcript of grades for period last completed showing cumulative high school GPA and if available, SAT / ACT scores.
- Two (2) letters of recommendation - one from high school faculty and one from another source of your choosing.

*Type or print your responses to each question below (using additional sheets if necessary).*

## APPLICATION FORM

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: Cell \_\_\_\_\_ Home \_\_\_\_\_

E-mail: \_\_\_\_\_

High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Volunteer hours required by high school: \_\_\_\_\_

Volunteer hours performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART A – YOUR ACTIVITIES AND EXPERIENCES:**

List activities, clubs or sports in which you have participated in your school.

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

List any honors or special awards you have received.

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

List any organizations outside of school for which you volunteer and the number of hours you have volunteered your junior and senior years.

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

**PART B - YOUR CURRENT AND FUTURE PLANS**

Describe your present educational goals and field of interest (including where you will go to college).

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Describe your long-term career goals.

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**PART C – FINANCIAL INFORMATION**

Student Biographical Information

Father's/Guardian's Name: \_\_\_\_\_

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

Mother's/Guardian's Name: \_\_\_\_\_

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

Parent's Occupation

Father: Job Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother: Job Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Sisters and Brothers: (Names & Ages)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will your family members assist you financially in continuing your education?  
Y\_\_\_\_\_ N\_\_\_\_\_ Some\_\_\_\_\_

Parent(s) or Guardian(s) Salary Range

Please check the range of combined annual income of your family members who you expect will assist you

___ \$10,000 - 15,000	___ \$15,000 - 21,000	___ \$21,000 - 27,000	___ \$27,000 - 33,000
___ \$33,000 - 37,000	___ \$37,000 - 43,000	___ \$43,000 - 53,000	___ \$53,000 - 57,000
___ \$57,000 - 63,000	___ \$63,000 - 67,000	___ \$67,000 - 72,000	___ \$72,000+

Briefly describe why you feel you will need further financial assistance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's signature: \_\_\_\_\_

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