

**The Gilbert H. Jones Memorial Scholarship Packet 2024-2025 School Year**

The State Highway Patrol Federal Credit Union is offering educational scholarships for the 2024-2025 school year. Four (4) scholarships will be awarded in the amount of $1,000.00 each to State Highway Patrol Federal Credit Union members.

**Eligibility**

Applicants must meet ALL of the following criteria:

1. Must be a member, in good standing, of the State Highway Patrol Federal Credit Union. **NOTE:** You must be a member with an account in your own name, or a spouse who is a joint owner on the primary member’s account.
2. Must be a U.S. citizen or a legal citizen of the U.S.
3. Must be enrolled, or will be enrolled, in an accredited college, university, or trade school.
4. Must have a minimum GPA of 2.5.
5. Must be attending college during the school year listed on the scholarship application.

**Application**

1. Must be postdated by no later than **March 31st, 2024.**
2. Must be filled out completely.
3. Must be typed or neatly printed

**Selection**

Applications will be reviewed by the State Highway Patrol Federal Credit Union Scholarship Committee. The Scholarship Committee consists of the Board of Directors and Credit Union Staff members. Academic Record, Financial Need and Personal Statement, Community Service/School Activities, and Essay each account for up to 25% of the overall score.

**Payment**

Each award will be paid directly to the scholarship winner. The award will be deposited into the winner's account held at SHPFCU after May 1st, 2024.

**Questions?** Please call 1-800-282-3006 and speak to a Member Service Representative or the Scholarship Coordinator.

**Application Checklist**

**Please put each packet together as follows:**

1. **Completed Application**
* Do not leave questions blank. If your answer to a question is “no”, “none”, or “not applicable”, please state as such.
* Please type your entry, if possible, or print legibly in ink.
1. **Sheet Attachments- Place directly behind the application.**
* School Activities, Community Service, Leadership Roles (if additional space was needed.)
* Explanation of Financial Need and Personal Statement (tell us about yourself).
1. **Academic Transcript- Place behind attachments.**
* Transcripts should include a minimum of your **MOST RECENT YEAR** of schooling. If submitting unofficial transcripts, they must be clear and unaltered. Records should be complete through the last grading period.
1. **Letters of Recommendation- Place recommendations behind transcript(s).**
* Two letters of recommendation are required.
* Letters of recommendation are to be sent to you. Make sure you receive all recommendations before submitting your scholarship packet.
1. **Completed Essay-Place essay behind letters of recommendation.**

**6.) Checklist-Once you have put your packets together, double-check your list.**

 **No report covers, please.**

If sending by mail, all items must be *postmarked on or before March 31st, 2024.\**

Send Packets to:

Scholarship Program

State Highway Patrol Federal Credit Union

1900 Polaris Parkway Ste. 400

Columbus, Ohio 43240

 *\*State Highway Patrol Federal Credit Union is not responsible for lost or misdirected items sent by mail.* Packets that are incomplete, out of order, and/or not received by the deadline, are subject to disqualification.

 APPLICANT#\_\_\_\_\_\_\_\_\_\_\_



**The Gilbert H. Jones Memorial Scholarship Application 2024-2025 School Year**

**Personal Data**

Are you a U.S. Citizen or Legal Citizen? YES\_\_ NO\_\_ Are you related to an OSP employee or volunteer?

 YES\_\_ NO\_\_ If “Yes”, your relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_ Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA (4.0 Scale) \_\_\_\_\_\_

Mark Appropriate Area:

\_\_\_Graduating High School Senior Name of High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Continuing College Student Name of College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Use**

What school will the scholarship be used for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in a post-secondary school? YES\_\_ NO\_\_ What will your class status be:

\_\_Freshman \_\_Sophomore \_\_Junior \_\_Senior \_\_Graduate/Ph.D. Student \_\_Voc. Tech/Trade School

**Educational Background**

Other Post-Secondary Schooling:

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates\_\_\_\_\_\_\_\_\_\_\_\_

Please include a copy of your academic transcripts for *at least* your **most recent 1 year of schooling.**

**Employment Background**

1. Current Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_Hours per week\_\_\_
2. Previous Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates (From)\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_Hours per week\_\_\_
3. Previous Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates (From)\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_Hours per week\_\_\_

(If more space is needed, please attach a separate sheet.)

**Essay**

***Write a short essay of no more than 500 words. The essay topic is:***

 ***“What motivates you to pursue your academic and career goals, and how do you stay focused on them?”***

**Before submitting, be sure to review the Application Checklist. Applications will be disqualified if not complete**.



**The Gilbert H. Jones Memorial Scholarship Application 2024-2025 School Year**

Please list below any of the following in which you are currently active or have been active during the past four years. (If more, attach additional sheet.) If no involvement if listed, and you would like to explain circumstances which prevented your involvement, please attach a separate sheet.

**Community Service**

1. Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Hours of Service Given\_\_\_\_\_

1. Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Hours of Service Given\_\_\_\_\_

1. Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Hours of Service Given\_\_\_\_\_

**School Activities**

1. Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates(From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Awards or Accomplishments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_

Awards or Accomplishments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_

Awards or Accomplishments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leadership Roles**

1. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates (From)\_\_\_\_\_\_\_\_(To)\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Financial Data**

# of Persons in Household\_\_\_\_\_\_\_\_\_\_\_\_Total Gross Annual Combined Household Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a page explaining why you need the financial assistance from this scholarship along with a personal statement telling us about yourself. If you have extraordinary financial obligations that will impact the use of your income for funding the upcoming school year, please specify.**

Have you been awarded financial assistance for your upcoming school year from any other source? YES\_\_ NO\_\_

If Yes, please list the source(s) below:

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount $\_\_\_\_\_\_\_\_\_\_ Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount$\_\_\_\_\_\_\_\_\_\_\_\_

***I affirm that the confidential information provided in this application is true and complete to the best of my knowledge.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_