

The PrēJax Foundation

1761 Travertine Terrace
Sanford, FL 32771
407.734.3114
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FOR OFFICIAL USE ONLY	

2017 Scholarship Application

Personal Information

Student's Full Name: _____

Home Address: _____

Home Phone: (_____)_____-_____ Mobile Phone: (_____)_____-_____

Email: _____

Date of Birth: ____ / ____ / _____

Are you a United States citizen? Yes No

Name of Parent/Guardian: _____

Email: _____ Phone: (_____)_____-_____

What is your personal connection to multiple sclerosis?

I have MS My mother has MS My father has MS

Academic Information

High School Name: _____

City and State: _____

Cumulative GPA: _____ Average GED Percentile (if applicable): _____

SAT Scores: Critical Reading _____ Math _____ Writing _____

ACT Composite Score: _____

Class Rank (if available): _____ out of _____ students

Extracurricular Activities: _____

Leadership Positions Held: _____

Awards: _____

Community Service (include hours): _____

Work Experience: _____

Name of anticipated post-secondary school: _____

Type of post-secondary school:

4-year college/university 2-year community college vocational/technical school

City and State: _____

Planned major course of study: _____

Personal Statement

On a separate document (printed/typed is preferred) to be included with this application, please explain in 500 words or less how having MS or being the child of a parent with MS has impacted your life, your family, and your general outlook/perspective.

Personal References

Please include two (2) letters of reference from individuals **NOT** related to you who can provide insights about your character and how you have dealt with the impact of MS on your life. Some examples of letter writers would be a teacher, school official, clergy or church official, work supervisor, coach, etc.

Submission Information

Please double check the information on this form to ensure it is complete and **LEGIBLE**. Along with this form, you must submit:

- An **OFFICIAL** high school transcript (grade reports will not be accepted)
- A GED letter/certification (if applicable)
- Personal statement
- Two letters of reference
- Doctor's letter confirming student or parent MS diagnosis

All of these documents must be mailed together (please make sure you use sufficient postage!), and can be sent to:

The PreJax Foundation
1761 Travertine Terrace
Sanford, FL 32771

All applications **MUST BE POSTMARKED NO LATER THAN APRIL 30TH!**

By signing below, you are confirming that all the information you have provided is true and accurate to the best of your knowledge. You are also authorizing The PreJax Foundation to publish your name, photo (if made available), city, and anticipated post-secondary school on its website and social media pages if you are chosen as a scholarship recipient.

Student Signature: _____ Date: ____ / ____ / _____

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

For more information, please visit our website at <http://www.ThePreJaxFoundation.com>

Please support our work by "liking" our Facebook page at <http://facebook.com/PreJaxFoundation!>