

JL Scholarship

If you have questions about this form or need help completing this application, please contact Mara at mara@jcfsandiego.org (<mailto:mara@jcfsandiego.org>).

Please provide your full name. *

About You

Full Name *

First Name

Last Name

Preferred Pronouns

Email Address *

Cell Phone *

Home Phone

(If different than cell phone.)

Home Address *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Date of Birth *

Please tell us about your family. *

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Please describe your financial situation. *

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How did you learn about this scholarship? *

Your current probation/parole status

Name of your San Diego County Probation Officer or California State Parole Officer *

First Name

Last Name

Total length of your probation. *

How much longer do you have on probation? *

Are you currently participating in any court-mandated programs? *

Yes

No

Please provide the name of the program. *

What is the length of the program? *

How long have you been participating in the program? *

What is your anticipated program graduation date? *

Education

Which of the following do you have? Select all that apply. *

GED

High School Diploma

Associate's Degree

Four-Year Degree

None of the above

Please include details of any certifications or courses you have successfully completed.

B *I* U    

Include:

- Name of certificate/course
- Date completed
- Name of training institution

Are you currently enrolled in any educational opportunities? If yes, please provide details below.


Employment

Are you currently employed? *

Yes

No

If yes, please provide the name of your current employer, your job title, how long you have been employed, and the number of hours worked each week.

B I U    

Desired Education or Training


Please tell us about the training program you are seeking a scholarship for:

Name of Training/Course/Program *

Full name of the institution providing the course *

Address of the institution providing the course *

Country

Select... 

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

This scholarship is only applicable to registered 501(c)3 non-profit institutions. What is the Tax ID (EIN) number of the training institution? *

XX-XXXXXXX

Your anticipated start date *



Length of course *

Are there any entry/eligibility requirements or qualifications needed to undertake the training/course? *

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Do you meet all of the eligibility requirements? If not, please explain. *

B *I* U    

Please tell us about the cost of the training program above.

As a reminder, scholarships typically range between \$1,000-\$3,000 per applicant per year.

What is the total cost of the entire training program? *

\$ USD

What is the cost per semester if the course spans more than one semester (if enrolling at a college/university)? *

Have you applied for, or been awarded, any other scholarships? If yes, please list them below including the dates they apply to. *

B *I* U    

What is your remaining financial need to attend this program?

What is the total amount you are requesting from the JL Scholarship Fund? *

\$ USD

Please provide short answers to the following questions:

Please tell us about your experience with incarceration. How has it affected you and/or your family? *

B *I* U    

Limit: 400 words

Describe how completing this training will benefit your future employment/career opportunities. *

B *I* U    

Limit: 400 words

How do you picture your future after you complete your studies? What are your dreams? *

B *I* U    

Limit: 400 words

Describe an accomplishment you consider special that you have achieved in the past 5 years. *

B *I* U    

Limit: 400 words

Attachment Required

Letter of recommendation: Please ask your probation/parole officer, colleague, friend, or relative to write a letter about your character and why you should be selected for this scholarship. *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .wpd

Save Draft

Submit Form