



Julie Nation Academy Scholarship Foundation

Scholarship Application

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home- _____ Cell- _____ Birthdate: _____

Student Email Address: _____

Parent's Name (if under 18): _____

Parent's Cell _____ Parent's E-mail: _____

School Attending (if applies) _____ Grade: _____

Occupation (if applies) _____

The program available for a full or partial scholarship is Self-Improvement, which covers the topics of Self-Esteem & Confidence, Health, Personal Appearance, Interviewing Skills, and more.

If you are accepted as a scholarship student, do your parents/spouse approve? _____

Would this additional activity intrude upon your homework time? (if applies) _____

Favorite subjects in school? _____

Sports activities, if any? _____

Extracurricular activities, in community, church, and/or school? _____

Special honors and/or interests you want us to know about? _____

Reasons you would need a scholarship to attend Julie Nation Academy? _____

Why do you feel you deserve this opportunity? _____

Believe in your Self & Live your Dream!