Application Form Project Jumpstart Inc. Scholarship Award

□ Scholarship Award

Applicants Name:		
Present Address:		
Home Phone:	Mobile:	_
Fax number:	E-mail:	_
Place of Birth:	Date of Birth:	-
Name of High School	Graduation Date	_
Address	Phone Number	_
Name the educational institution at wh	hich you wish to pursue your Certificate, Diploma or Degree.	
(Institution)	(City) (State)	
What Certificate, Diploma or Degree	will you be pursuing and when do you expect to receive it?	
Is this scholarship the only means by v (If yes, please provide an explanation	which you can pursue your education? Yes No on a separate sheet.)	
Current faculty advisor/guidance coun	nselor, title, phone number, and e-mail address:	
	s of scholastic records, and reference forms or letters must be rrance, CA 90503 by October 10, 2018. I certify that the interest of the contract of the contr	•
•	subsequent to receiving a scholarship, I elect to substantially ely inform PJI and, if requested, will return the money paid to	•
Signature of Applicant/Student	Date	<u> </u>

Return completed application to PJI 3655 Torrance Blvd Ste 300-#274 Torrance, CA 90503 or by email to scholarships@Projectjumpstartinc.org.